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THE HAHNEMANNIAN MONTHLY.

Vol. I. PHILADELPHIA, AUGUST, 1865. No. 1.

INTRODUCTORY.

When a new Journal presents itself before the profession in particular and the community in general, many questions will naturally arise in the minds of the recipients of the first number,—questions not answered or explained in the necessarily short prospectus which can only state the object of the periodical in some general terms. We may therefore be allowed to give our Introductory in logical order, beginning with an account of the origin of the work, explaining the reasons of its title, and the object it contemplates to fulfill.

Some four years ago, a number of the oldest Homœopathic physicians met at New York, and agreed to support and sustain a Homœopathic Monthly Journal, devoted to the explanation and defense of the true Homœopathic principles, declaring that it was necessary to do so as erroneous doctrines had led to erroneous practice, and announcing that the time had come when the onward course of well-meaning but ill-informed journals and teachers should be exposed and checked. In this manner and for that purpose origi-

nated the *American Homœopathic Review,* which has done incredibly more than was at first anticipated in the promulgation of true Homœopathy. The learned editors of that journal can never be thanked sufficiently for the untiring devotion with which they have conducted it; they can scarcely surmise what an immense amount of information has been given to the inquiring profession, and how many of our colleagues they have brought back to the true principles taught by the great master, which they were inclined to overlook or set aside for the plausible but erroneous assertions of men who did not and would not follow our teacher Hahnemann, in his laborious work. The friends of the Review have held yearly meetings to devise together how this great object could best be served. At such a meeting, held in this city on the 3d of June of this year, it was considered important, inasmuch as the number of Homœopathicians and Homœopathists was rapidly increasing, and as one journal alone was no longer deemed sufficient to answer the purposes in view, to add another monthly paper, so that ample room could be secured for the discussion of all the important questions of the day, and also in order to communicate to the whole medical world the experience of progressive medical treatment, the result of extended experiments, both in new remedies and in the cure of the sick. The faculty of the Homœopathic Medical College of Pennsylvania having been reorganized, and all the different members holding collectively the same views of Homœopathy, it was unanimously resolved that the faculty should publish a new periodical, under the title "*The Hahnemannian Monthly.*" The title chosen gives at once a broad and distinct indication of its tendency; and a prospectus explanatory of the objects sought to be obtained by establish-

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ing this new Homœopathic periodical was at once issued. It is evident, at the first glance, that the faculty holds Homœopathy to be Hahnemannianism, as it is very evident also, that as Hahnemann called and named the new mode of healing, Homœopathy, expressive of the principles which he had established as correct and reliable, no other system, however plausible or even superior it may appear, can claim that name, if the principles advocated by said system are not in accordance with or are opposed to those taught and practiced by Hahnemann. It is, therefore, at once evident that the editors hold Homœopathy and Hahnemannianism to be synonymous, and that their aim is to disseminate, advocate, and defend in their simplicity and purity the great Homœopathic principles of the law of similars, the single remedy, and the dynamized medicines; while the theoretical explanations of the law of cure and of the practical rules advanced by Hahnemann, are left not only open to discussion, but to be amended, altered, or augmented in accordance with the new discoveries in the collateral sciences. It is further intended to communicate many remarks, explanations, and illustrations on and of our art, made in the course of lectures delivered at the Homœopathic Medical College of Pennsylvania, and which otherwise might not find their way to the distant busy practitioner, and thereby give the reader an additional interest in the pages of the Journal.

Our extensive foreign correspondence in Italy, Germany, France, Spain, and England will give us the power of furnishing at once all that is interesting and noteworthy in the medical literature of the day; all new medical works will not only be mentioned, but thoroughly reviewed.

Believing freedom of discussion essential to the development of the truth, we shall exclude no well written article

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because it may not accord with our own views; and, if not in accordance with the well established principles taught and adopted by Homœopathicians, we shall call the attention of the writer to the reasons why we differ from him; in like manner shall we publish any well written article arguing against any of the principles we may promulgate.

While we are strongly impressed with the great responsibility of the position we have been persuaded to assume, we earnestly appeal to the forbearance, charity, and support of our colleagues; by their assistance we hope to make this periodical a useful and instructive organ, worthy of receiving an equal share of patronage with our respected elder cotemporary, the Review; both aiming to accomplish the same end, both holding the same guiding principles in the practice of our school, both devoted to the further development of the medical sciences founded on the immutable natural laws first applied to the healing art by Samuel Hahnemann. We will endeavor to disarm our common adversaries and opponents of the Allœopathic school, by showing them the errors of their proceedings, the means by which they may adopt a better and safer method of cure than they have done hitherto; and for that purpose we will present the readers of the Journal, from time to time, with incontrovertible arguments, especially in the shape of those stubborn facts, "*statistics*," without which no argument, however clearly it may be presented, can successfully be sustained or be of much avail; but arguments sustained and supported by statistics will lead the inquiring mind, in and out of the profession, to investigate; and investigation once honestly undertaken must, as it always does, lead to a full conviction of the truth of Homœopathy.

HAHNEMANN'S THREE RULES CONCERNING THE RANK OF SYMPTOMS.

BY CONSTANTINE HERING, M.D.

Hahnemann's advice is, to take all the symptoms of each case, as if it were the only one. Comp. Organon, § 83, and following: the same is to be done while proving; write down all the symptoms. Comp. Organon, § 138, 139, &c. In contradiction the common old schools examine each case in order to make a diagnosis and to enable the doctor to tell the patient "what is the matter," and if they talk about the effects of a drug, they ask: "What diseases does it cure?" "What pathological generality is its 'character?'" The true Hahnemannian examines each case to get such symptoms as distinguish this case from all others. He observes the strictest individualization; like a portrait painter, he wants a photography of each single case of sickness. Such symptoms or groups of symptoms as distinguish the case before him from others, are the characteristic symptoms he aims at. The same in proving; we want the characteristics of a medicine, *i. e.*, such symptoms as distinguish it from all others.

Hahnemann's rule sets forth, that we must aim to get all symptoms, particularly such as have hitherto been overlooked, neglected, not listened to and sneered at, to get what we necessarily must know. It is the same with provings of drugs. By collecting all and every symptom and particularly the so-called minutiæ, we obtain the characteristics. The common old schools are satisfied with a general pathological character by which drugs may be divided into classes, but never can be individualized, each as a thing *per se*.

Hahnemann's first rule is, the characteristics of the case must be similar to the characteristics of the drug (compare Organon, § 153, and others.)

This rule has also been expressed in the following words: The symptoms of a case and the symptoms of a medicine must not only be alike, one by one, but in both the same symptoms must also be of a like rank. (Compare Archiv. XI., 3, p. 92.) It is thus the rank, according to which we arrange the symptoms obtained by the examination of a case,—the rank, the value, the importance of the respective symptoms of the drug, which decides when, as it often will happen, several different drugs have apparently the same similarity; it is this rank which decides in the selection.

Hahnemann has given us a second rule in his *Chronic Diseases*. We may either adopt his psoric theory or not; but, if we follow his practical advice laid down in the said work, we shall, in proportion, have far better success and will be forced to adopt at least all the practical rules contained in said theory.

The pith of this theory is not refuted by the discovery of the acarus scabiei, nor by the generatio æquivoca, nor the contagiousness, nor by the propagation of the animalculæ, nor by anything else; the quintessence of his doctrine is, to give in all chronic diseases, *i. e.* such as progress from without inwardly, from the less essential parts of our body to the more essential, from the periphery to the central organs, generally from below upwards,—to give in all such cases by preference, such drugs as are opposite in their direction, or way of action, such as act from within outward, from up downward, from the most essential organs to the less essential, from the brain and the nerves outward and down to the most outward and the lowest of all organs, to the skin. (Com. Preface to treatise on chronic diseases, p. 7, and following.) The metaphysics of our science tell us, that all drug diseases (paranosses) are in their essence and offspring, opposite to the whole mass of epidemic, contagious, and other diseases, all of the latter being originated by a conflux of causes, (Synnoses).

Hahnemann's doctrine of treating chronic diseases, in-

cludes another and opposite, viz.: the opposite direction in the development of each case of chronic disease. All the antipsoric drugs of Hahnemann have this peculiarity as the most characteristic; the evolution of the effects from within towards without. Thus, all symptoms indicating such a direction in the cases from without towards within, and in the drugs the opposite from within towards without, are of the highest rank, they divide the choice.

Hahnemann gives us a third rule, which has been overlooked by all the low dilutionists, or is, at least, never mentioned by them, and has even been entirely neglected by the theorizers of our school; notwithstanding that, without this third rule, the homœopathic healing art would be a most imperfect one. This rule enables the true Hahnemannian artist, not only to cure the most obstinate chronic diseases, but also to make a certain prognosis, when discharging a case, whether the patient will remain cured, or whether the disease will return, like a half-paid creditor, at the first opportunity.

Hahnemann states, in his treatise on chronic diseases, first ed., p. 228, second ed., p. 168, American translation, p. 171: Symptoms recently developed are the first to yield; older symptoms disappear last. Here we have one of Hahnemann's general observations, which, like all of them, is of endless value, a plain, practical rule and of immense importance.

It might seem to some so very natural that recent symptoms should give way first, older ones last, that it ought to have been observed by all and every physician at all times. But this is not the case; it was never observed before Hahnemann, nor ever stated as a rule before.

We will set forth here all the consequences of this rule of succession, but first repeat it in another form.

We might express the above rule also in the following words: In diseases of long standing, where the symptoms or groups of symptoms have befallen the sick in a certain

order, succeeding each other, more and more being added from time to time to those already existing, in such cases this order should be reversed during the cure; the last ought to disappear first and the first last.

Suppose a patient had experienced the symptoms he suffers in the order *a, b, c, d, e,* then they ought to leave him, if the cure is to be perfect and permanent, in the order *e, d, c, b, a.* The latest symptoms have thus the highest rank in deciding the choice of a remedy.

Suppose a patient complains of new symptoms, as it often happens during the treatment of cases of long standing, particularly if we have chosen with great care a so-called antisporic medicine, and the improvement has, of course, continued uninterruptedly, four, six, eight weeks, after which time the improvement gradually ceases, runs out, and the patient begins again to complain rather more. In such cases we will very often find, if we again take an accurate image of the newly increased diseased state, exactly as we did before, that several new symptoms have appeared. We may represent it by the formula: *a, b, c, d, e,* have lessened, especially *e, d, c;* and now *a, b,* are on the increase again, even *c* reappears; *d, e,* are gone, but another symptom *f,* has been added, or *f, g.* These new symptoms are always of the highest rank, even if apparently unimportant.

It may be observed that they generally are such as will be found among the symptoms of the last given remedy, thus the caution may here be in its place, that after such a long interval, or after such a real gain, as the disappearance of *d, e,* the same drug will never be of any more benefit, the greatest counter-indication being the new symptoms. Another medicine has to be selected, and one which has especially *f,* or *f, g,* as characteristics.

The practical influence of these three rules of rank proves to be not only a manifold one, but their observance becomes a characteristic sign of difference of a mere emperic—in homœopathics a perverted Homœopathician, and a real Hahnemannian; the first will cover symptom by symptom,

without knowing or making any distinction; the second will be satisfied with a few such symptoms as tell him, what he calls the scientific character and enable him to go on the stilts of pathology; the third will observe the rules and heal the sick as Hahnemann did. It is thus worth while to look at them closer, and let them pass before our eyes once more.

According to the *first* rule we must inquire not only for the seat of the symptoms, inquire which organ seems to be the centre of the pathological action, but also for the minutiæ in locality, notwithstanding their complete unimportance in pathology, viz.: little inflammations on the point of the nose and lobe of the ear may help to indicate *nitrum*, etc. According to this rule we will carefully note it down, if any of these sensations of a patient are on one side of the body or the other, if they predominate on one side, or if they pass over from one side to the other.

We have further to inquire for each kind of sensation with much more accuracy than would be required if we had nothing else to decide than the pathological character; some peculiar sensations, trifles in themselves, may be of importance in the choice of the medicine, even such as are unexplainable by physiology or never taken notice of by pathology, viz., a feeling as if from the falling of a drop of water, may help to indicate *Cannabis*.

We must inquire for the times of the day when the symptoms of a patient appear to increase, are ameliorated or disappear. This is very often the only criterion, by which we decide our choice. Even the hours of the day are very often of a decisive influence, viz., the hours after midnight, one to three, may help to indicate arsenicum or kali carbonicum; the hours in the afternoon, from four to seven in the evening, may help to indicate helleborus or lycopodium, etc.

Likewise every function of our body: sleeping and waking, eating, drinking, walking, standing, rest or motion, etc., must be taken into consideration, in so far as they may be one of the conditions of aggravation or amelioration of any of the symptoms of our sick.

In the same way all connexions of symptoms following each other or alternating with one another, whether they have a pathological importance or not, are all for us of the highest rank, if, aided by them, we may distinguish one case from another, or one drug from another. The first rule, then, is, that not only the characteristics must be alike, but there must also be a similarity of their respective rank.

The *second* rule of Hahnemann introduces a kind of distinction between the different medicines which have been proved and applied, which must gradually lead to the adoption of an order of rank among them. It is a similar division to that of the so-called Polychrests. But it is not this alone; the same rule is also of great influence when we arrange the symptoms of the sick.

All symptoms of inward affections, all the symptoms of the mind or other inward actions, are, according to it, of much higher value than the most molesting or destructive symptoms on the surface of the body. A decrease or an amelioration of outward symptoms, with an increase of inward complaints, even if the latter apparently are of little importance, will be an indication for us, that our patient is getting worse, and we must try to find out, among his symptoms, the leading one, to indicate another, a real curative medicine.

Very frequently we will see ineffectual attempts, as it were, of the inward actions, to throw out and bring to the surface that which attacks the centre of life. We must try to assist such attempts, but neither by outward applications, nor by a mere removal of that which the disease produces, and still less by medicines only similar to the same outward symptoms; on the contrary, we must inquire principally for the hidden inward symptoms, and compare them with the utmost care, to find among our medicines such, as correspond exactly to the subjective or inward symptoms, and by preference among the antipsorics, *i. e.*, such as act more than others from within towards without. The principal characteristics of the antipsorics were obtained from the sick, and only by the use of potencies. Drugs cannot manifest such

most important peculiarities except by high potencies, and with the most sensible persons.

The uses of the *third* rule of Hahnemann are the following:

1. During the examination of the sick we must inquire as much as possible, in which order, according to time, did the different symptoms make their first appearance.

2. After such a careful and complete examination of a case, we must arrange our collection of symptoms according to their value, that is their importance as indicative, and we must bring such as have appeared later, in the foreground, of course without neglecting the others, and even the oldest. Further, we must compare when selecting a medicine, and find whether the one to be chosen has a characteristic similarity, particularly with the symptoms which appeared last.

3. If the patient had been drugged by the old school, we must direct our antidotes principally against the *last given drugs*. For instance, against abuse of alcohol or aromatics, nux vomica; against tea, pulsatilla or thuya; against quinine, pulsatilla, etc.; against jodium and jodate of potassium, hepar s. c.; against blistering, camphor; against cauterizing with nitrate of silver, natrum mur.; against bleeding, purging, or losses of blood, cinchona; against mechanical injuries by stretching, rhus; by bruising, arnica, etc., etc.; against chloroform, hyoscyamus, etc.

4. In every chronic case, after a well chosen medicine has had time to improve the case, and ceases to do good, and we have to make a new examination to obtain a full image of the new state of the sick, we must again inquire particularly after newly appearing symptoms. As we will find in almost all carefully observed cases, that the new symptoms correspond to the last applied medicine, and as we know, a repetition of the same drug would only aggravate, without giving relief, particularly if general characteristics, viz., with regard to times of day, sides of the body, or other localities, have changed, or if other general conditions are altered; the new medicine must be chosen with regard to such new symptoms, considering them as the most indicative, or of high rank.

5. If we have succeeded in restoring a chronic case of long standing, and the symptoms have disappeared in the reverse order of their appearance, we can dismiss the case with full confidence as being cured, and not being in danger of returning again; if not, we had better tell the patient, even if he should be satisfied with the partial cure, that he may, before long, be sick again.

As an appendix to Hahnemann's three rules of rank, another, in regard to the sides of the body could be mentioned here, and if this new rule should be sufficiently corroborated and sustained by further observations, it might become in some cases of great importance. This rule is the following: Every affection going from one side of the body to the other, is more effectually overcome by such medicines as will cause or produce the same similar affection, *but in the opposite direction.* It seems to correspond to the last of the rules given above, but has been discovered entirely independent of it, hence it is better to give it to the profession in a genetic form, and in a separate communication, which will appear in our next number.

INFLUENCE OF THE TIDE ON PARTURITION.

BY CHAS. G. RAUE, M. D.

It is a common saying among sea-faring men and inhabitants along the coast, that people cannot die, except when the tide is going out; and that they cannot be born, unless the tide is coming in. I was apprised of this popular belief at first by Dr. C. Hering, several years ago, who, during his stay in Surinam, was told so by the negroes, and who, by his own observations at that time, found it verified. Later, I was informed by a friend, that he had seen a similar statement in Chas. Dickens' David Copperfield. Looking over that novel,

I find in chapter xxx. the following passage: "People can't die along the coast," said Mr. Peggotty, "except when the tide's pretty nigh out. They can't be born, unless it's pretty nigh in, not properly born, till flood. He's (speaking of a sick man) a going out with the tide. It's ebb at half arter three, slack water half an hour. If he lives till it turns, he'll hold his own till past the flood, and go out with the next tide."*

As we are indebted to the people for a number of the most valuable observations in medicine and other things, no matter how rude and inaccurate they may sometimes present themselves, I thought it worth while, in this case, to look for myself, as opportunity would present, and try to find out whether or no this saying might be applicable to Philadelphia. As Philadelphia is situated on the Delaware, the tide of which stream reaches some thirty miles above that place, I at first took, as a basis for my observations, the tides of the Delaware, as recorded daily in the papers. This, however, gave no affirmative result, and, indeed, could not; for the tides in the Delaware take place at quite different hours from the tides on the sea shore; and even there exists, according to nautical observations, a great difference in the time of their occurrence at different places, owing to the hooks and nooks, bends and bows of the adjacent shore and the bottom of the sea. If then tide, birth, and death were in some connection with each other, I had to lay another basis for my observations, in short, I had, in each particular case, to find out the exact hour and minute at which the tide at Philadelphia would commence, *if there were no local obstacles to retard it.*

This was done in the following manner: The *flood* commences at the moment when the moon passes over the meridian, or, as the almanacs say, when the moon is *south*, and continues until the moon reaches half way to the other side

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* "'A parted even just between twelve and one; *e'en at turning o' the tide.*" —Shakspeare, King Henry V., Act ii., Scene 3.

or is about setting, which takes about six hours time. From now the *ebb* commences, until the moon again passes over the meridian opposite, consuming again the space of six hours nearly. Thus we have, in the course of a lunar day or in twenty-four hours and fifty-four minutes, twice flood and ebb, which are called *lunar tides.*

But even this calculation did not meet my expectations. I had still left out another factor, which changes seasons, times, and tides,—the *sun.* As the moon, by her attraction causes a periodic fluctuation in the fluid covering of the earth,—in water and air,—so also does the sun; and we have, in like manner every day, twice flood and twice ebb, caused by the *sun's* attraction, and called *solar tides.* The solar flood, too, commences when the sun passes over the meridian; thus, every day at 12 o'clock noon and at 12 o'clock midnight, and the solar ebb follows from 6 o'clock P. M. until midnight, and from 6 o'clock A. M. ending at 12 o'clock noon. Now then, this makes the account a little more complicated. The *solar* tides though keep regular hours, but the *lunar* tides do not, setting in *later* every day to the amount of about 50 minutes; thus, every second flood twelve hours twenty-five minutes after the commencement of the first flood, because of the lunar day lasting twenty-four hours fifty-four minutes.

In order to gain a clear insight into these two different tidal actions, it is necessary that we should first ascertain the time when the moon passes over the meridian, or, in other words, that we should ascertain the beginning of the lunar flood, it being the changeable part of the two. This we find in all almanacs, stated under the column of "*moon south.*" Looking over this column, we find that twice in a month the lunar and solar tides commence at the same hour, or nearly so. Then sun and moon stand either in conjunction—at the time of new moon, or in opposition—at the time of full moon. At these times both sun and moon act in unison, and solar and lunar floods fall into one from 12 o'clock to 6 o'clock. After new moon and full moon, however, this

changes, the lunar tides setting in each following day fifty minutes later; we have now, on the first day following, first, the regular solar flood, commencing at 12 o'clock, and, secondly, fifty minutes later, the lunar flood, combining with it, thus prolonging the flood altogether to about fifty minutes. On the second day after new moon and full moon, this prolongation amounts to about twice fifty minutes; on the third day following to about three times fifty minutes, and so on, until the moon enters her phases of first quarter and third quarter. Then another change takes place. The moon having been retarded during this time full six hours, or a space of time corresponding to the length of a whole flood, she now passes over the meridian about 6 o'clock, that is, at the time when the solar flood ceases. The first day after this, about fifty minutes later, there is no solar flood merging into the then commencing lunar flood as before, but the solar flood now is following and joining the lunar flood near its end, thus prolonging the flood time altogether from 12 o'clock to 6 o'clock. In this way, the lunar flood, by its setting in every day about fifty minutes later, works itself gradually into the regular period of the solar flood, until both, at the time of new moon and full moon, meet again in the same hours, from 12 to 6 o'clock.

From the time of new moon and full moon to the first and last quarter, therefore, the lunar flood is *preceded* by the solar flood, whilst from the first quarter to full moon and from the last quarter to new moon, the lunar flood is *followed* by the solar. We see, then, that if we consider lunar and solar tides connectedly, as in reality they always are, this connection causes quite a considerable difference in the length of the tides in the different phases of the moon. The floods are longest about the first and last quarter, and grow gradually shorter as they approach nearer the phases of new moon and full moon. It is important that this should be clearly understood, for only on this basis the rule will work.

Now, then, to come back to the point from whence I started, the above-mentioned popular saying is, like all simi-

lar observations, not at all a well defined and accurate observation. In such parts of the coast where the tides correspond nearest to the above-explained positions of sun and moon relative to our earth, where there are, in other words, no obstacles in the way for the mass of water to be heaped up and dispersed again, there, no doubt, this popular rule will hold good many a time, and there, no doubt, it was found out. Where, however, the tides, by natural obstacles, are retarded, as in hundreds of places along the coast, as well as in rivers and bays, not to speak of the interior of the country, this rule is good for nothing.

We must take, then, a higher stand; we must lay as a basis for our observations not the *effect*, the rise and fall of the water, but the *cause* of this,—*the changing positions of sun and moon in relation to our earth*, and then it is a basis upon which observations can be made in any and every corner of this globe. I shall put, then, as a problem, the popular saying into the following shape:—

1. *At the time of new moon and full moon, birth does not take place except within six hours from the time when the moon passes over the meridian, that is, during lunar and solar floods combined.*

2. *After new moon to the first and after full moon to the last quarter, however, birth may take place* previous *to the moon's passage over the meridian in the time in which the sun precedes the moon in passing over the meridian, that is, during a solar flood which precedes the lunar, and into which latter it merges.*

3. *After the first quarter to full moon and after the last quarter to new moon, birth may take place* subsequent *to the moon's passage over the meridian, and even subsequent to her setting or rising, in the time in which the sun follows the moon in passing over the meridian, that is, during a solar flood which joins or follows upon the lunar flood, which latter is still going on or has ceased already.*

My observations date back to the year 1862, and I shall subjoin an extract from my books to elucidate the foregoing conclusions.

	DATE OF BIRTH.			MOON SOUTH.		
	Year	mo.	d. h. m.	h. m.		MOON'S PHASES AND TIDES.
1.	1862,	Sept.	26, 3 30 A.M.	2 14 P.M.		After new moon, during solar and lunar flood combined.
2.	1862,	Sept.	28, 2 0 A.M.	4 12 P.M.		After new moon, during solar flood preceding lunar.
3.	1863,	Feb.	23, 7 30 P.M.	4 35 P.M.		After new moon, during lunar flood.
4.	1863,	Feb.	24, 10 0 P.M.	5 24 P.M.		After new moon, during lunar flood.
5.	1863,	Mar.	9, 3 30 P.M.	2 58 A.M.		After full moon, during solar and lunar flood combined.
6.	1863,	Apr.	25, 2 15 P.M.	6 10 P.M.		After new moon, during solar flood preceding lunar.
7.	1863,	Aug.	4, 2 35 P.M.	3 34 A.M.		After full moon, during solar flood preceding lunar.
8.	1863,	Sept.	2, 9 P.M.	3 37 A.M.		After full moon, during lunar flood.
9.	1863,	Sept.	19, 3 35 A.M.	5 46 P.M.		After new moon, during solar flood preceding lunar.
10.	1863,	Sept.	29, 12 30 A.M.	1 4 A.M.		After full moon, during solar flood preceding lunar.
11.	1864,	Feb.	13, 7 30 P.M.	5 26 P.M.		After new moon, during lunar flood.
12.	1864,	May	9, 2 30 P.M.	3 13 P.M.		After new moon, during solar flood preceding lunar.
13.	1864,	May	27, 5 20 A.M.	5 16 A.M.		After full moon, during solar and lunar flood.
14.	1865,	Jan.	1, 4 5 P.M.	3 33 A.M.		After new moon, during solar and lunar flood.
15.	1865,	Jan.	17, 11 P.M.	4 50 A.M.		After full moon, during lunar flood.
16.	1865,	May	16, 12 30 P.M.	4 44 A.M.		After full moon, during solar flood preceding lunar.
17.	1862,	Sept.	16, 10 P.M.	6 4 A.M.		After first quarter, during lunar flood.
18.	1862,	Oct.	5, 3 30 A.M.	10 25 P.M.		After first quarter, during solar and lunar flood.
19.	1862,	Nov.	20, 5 35 A.M.	10 40 A.M.		After third quarter, during solar flood following lunar.
20.	1862,	Dec.	18, 5 55 A.M.	9 19 A.M.		After third quarter, during solar flood following lunar
21.	1863,	Jan.	18, 7 P.M.	10 59 A.M.		After third quarter; one hour *after* lunar and solar flood.
22.	1863,	Apr.	13, 9 15 A.M.	9 2 A.M.		After third quarter, during lunar flood.
23.	1863,	June	11, 4 30 A.M.	7 46 A.M.		After third quarter, during solar flood following lunar.
24.	1863,	Sept.	11, 5 45 A.M.	11 3 A.M.		After third quarter, during solar flood following lunar.
25.	1863,	Nov.	22, 12 30 A.M.	9 50 P.M.		After first quarter, during lunar and solar flood.
26.	1863,	Dec.	10, 3 30 A.M.	11 51 A.M.		After third quarter, during lunar and solar flood.
27.	1864,	June	13, 5 15 A.M.	7 1 P.M.		After first quarter, during solar flood following lunar.
28.	1864,	July	14, 8 10 P.M.	8 6 P.M.		After first quarter, during lunar flood.
29.	1864,	Aug.	13, 8 30 A.M.	8 41 P.M.		After first quarter, during lunar flood.
30.	1864,	Sept.	25, 2 45 P.M.	8 1 A.M.		After third quarter, during solar flood following lunar.
31.	1864,	Oct.	8, 10 40 P.M.	6 12 P.M.		After first quarter, during lunar flood.
32.	1864,	Oct.	13, 2 30 A.M.	10 45 P.M.		After first quarter, during lunar and solar flood.
33.	1865,	Mar.	5, 9 P.M.	7 20 P.M.		After first quarter, during lunar flood.
34.	1865,	Apr.	20, 2 22 P.M.	7 30 A.M.		After third quarter, during solar flood following lunar.

REMARKS.—In all the time since my observations began in regard to this subject, I have not met a single case which fell exactly upon the time of new or full moon, but several in

close proximity either before or after, as the above list shows. In all the cases stated, covering about three years of observation, there is only one which seems to be an exception to the rule,—case No. 21. The lady was of a very stout habit; her labor pains had commenced early in the morning, kept on increasing through the afternoon, when lunar and solar floods were prevailing, but obtained on the whole not that energetic character which I frequently have observed when both floods combine. Still, the birth advanced during that time so far that only the obstacles of the outer parts were to overcome yet, which finally took place one hour after the end of either flood, corresponding in this way to the retarded rise of the water wherever it finds local obstacles to overcome. Had this lady been of a feeble constitution, this would have been the time for instrumental aid.

Two cases I watched with quite an anxious interest. No. 10 was a primapara. Her labor-pains had commenced during the night; at 7 o'clock 25 minutes A. M. the flood had ceased; still the work went on but very slowly, seemingly very little progress was made during the whole forenoon. As soon, however, as the sun had passed over the meridian, all at once the pains became more energetic, and half an hour afterwards the child was born.

Case No. 28. A woman with second child had been in labor all day. The flood had ceased 6 o'clock P. M. that day. At 8 h. 6 m. P. M. the lunar flood commenced again, and at 8 o'clock 10 minutes the child was born.

If these my observations and conclusions turn out to be a general law, they will be to all practitioners of midwifery of the highest importance, and this is the reason why I feel myself compelled to hand them over to the profession, in order that they may, by observations of a wider range, be either corroborated, corrected, or contradicted; and if true, serve all the good they can.

I shall give now some hints as to the practical application of these rules. When I am called to a lying-in woman, my first thought is, where stands the moon to-day? The sun's

position is always known. I look into the almanac and find, June 10th, 1865, under "moon south," 12 h. 40 m. A.M. It is then to-day one day after full moon; and, supposing the call came in a hurry between the hours of twelve to six, either A.M. or P.M., I should start off in a hurry, for these hours of to-day are *birth hours*. But if the call comes after 7 o'clock A.M. or P.M., it will scarcely be a hurried call, and I should say, all right; I shall step around by and by, for the child will not be born before twelve o'clock. If I go and examine, I shall find that the pains are only preparatory pains, and that the mouth of the womb is not fully opened yet.

But let us suppose it were June 14th, some days after full moon, when the moon passes over the meridian at 4 h. 28 m. A.M. The time of birth would that day fall between the hours of twelve to half past ten o'clock A.M. or P.M.,—the solar flood commencing *previous* to the lunar flood and emerging into the latter.

If it were June 20th, some four days after the last quarter, when the moon passes over the meridian at 9 h. 49 m. A.M., then the time of birth would fall between the hours of 9 h. 49 m. A.M. in the day time and P.M. in night time, and last until six o'clock P.M. in the day time and A.M. in night time, because to the lunar flood would also join the following solar flood.

In this way, it is an easy matter to determine at any day or hour the time in which birth probably is to take place.

Knowing and observing this, the physician will save a great deal of time, and, if the work is slow in cases of protracted and tedious labor, it will keep him cool and self-possessed. After lunar and solar floods have passed away, and the child has made only little progress, he need not fuss about, but may coolly advise his patient to take all the rest she can possibly get. Almost always the pains slacken off at that time, and if he is at his post again when the next following flood commences, it will be all right.

But suppose the physician were, at the time the floods

had ceased, finding out that also the strength of the patient were giving way, then it becomes a serious matter for him to consider, and to decide whether it would be advisable to wait on longer for the next flood, or to use instruments at once, in order to avoid danger and save unnecessary suffering.

In cases of the placenta being fastened to the womb I should say, select closely the corresponding remedy, and wait at least for the next following flood, before using mechanical aid. Sometimes we succeed with internal remedies alone.

It is obvious, and I need scarcely mention it, that the above rules are applicable only to normal cases. Abnormal positions of the child must be rectified by manual aid, and the sooner the better.

In regard to the second part of the popular belief, "that people can't die along the coast, except when the tide's pretty nigh out," I may say, that it lacks just as much in conciseness as its counterpart.

Defining lunar and solar ebb, however, in the same manner as I have done with lunar and solar flood, it may lead to similar conclusions. So far, at least, as my occasional observations reach,—for I have not yet taken regular notes on this subject, and therefore can not sustain my opinion by a regular record from my books,—it seems to be so. And why should it not? If the one be true, why not the other? We all know that the regular period of menstruation occurs every twenty-eight days,—once in a lunar month,—thus showing its dependency and connection with the moon's revolution around the earth; it is further known, that the full term of pregnancy ends on the same day on which the woman would have menstruated for the tenth time, if she had been regular all this time, and not pregnant. The connection between the different phases of the female organism and the different phases of the moon, are thus clearly before our eyes. It appears, therefore, after all, not quite out of the way, when old folks have their own belief in such things;

and I am inclined to suppose, that conception stands in quite a similar relationship to the moon's and the sun's different positions; and that there may be still more things, related to the diseased organism and the administration of medicines, which may hold a similar relationship. At all events, we ought to try to work ourselves gradually out of the dark of believing, into the light of knowledge by collecting facts,—bare facts,—upon a sound, scientific basis. I hope to hear soon of followers in this particular branch of observation.

KALI BICHROMATICUM.

BY AD. LIPPE, M. D.

THIS valuable remedy was introduced into the practice of medicine twenty years ago; a large number of provings, both voluntary and involuntary, have been published; yet in comparison to the abundant material furnished, but a small number of cures by this remedy has been published. And in consideration that, since 1847, when Dr. Fr. H. Arneth's very complete and elaborate treatise appeared in the "Oesterreichische Zeitschrift," and the later rendition of it in the first volume of "The Hahnemannian Materia Medica," by Dr. John T. Drysdale, in 1852, who ostensibly incorporated Arneth's essay into his work; and also the publication of it in 1848, in the "Symptomen Codex, (Jahr's New Manual,) by Dr. C. Hempel;—but little has appeared in the journals on the therapeutical use of this medicine, I will endeavor to add my mite towards showing where Kali bichromaticum may become the true curative remedy,—a diligent study of the remedy having enabled me to make frequent and satisfactory experiments in its therapeutic application. I will, at the end of this article, say a few words regarding its literature.

Kali bichromaticum is often the only remedy in *morbilli* (measles), especially if the cough, expectoration, and the other catarrhal symptoms correspond with the characteristic symptoms of this medicine. The eruption is found, under Kali bichromaticum, *vide* Dr. Drysdale's essay, symptoms 315, "Solid eruption like measles." The catarrhal symptoms are found in Dr. D.'s essay under symptoms 22 and 23, —(eyes) itching of the canthi. After smarting, itching, and watering frequently during the day and morning, agglutination during the previous days. (Pulsatilla has a similar symptom, but the itching of the eyes compels the patient to rub the eyes incessantly; and if this symptom prevails, Puls. will quickly relieve it.) 1. Dr. D. gives as corresponding remedies, Bell., Cop., Guaj., Merc.,—Guaj. is new,—he has omitted *Aconit.*, *Pulsat.*, Ant. or Bry., Rhus, Sulph. etc.

The catarrhal symptoms of the nose are found in Dr. D.'s essay, symptoms 49, considerable flow of water from the nose, subsequently becoming acrid, burning the upper lip and excoriating the nostrils. And in Dr. Arneth's essay, symptoms 260, a small quantity of acrid mucus is discharged from the nose, which causes burning in the septum; 261, nose full of thick mucus; 262, profuse discharge of thick, clear mucus from the nose; when this ceases, it is followed by pain from the occiput to the sinciput. These symptoms show the general applicability of Kali bichromaticum in morbilli. We will now give some of the special characteristic indications for its use in the various forms and individual cases of this disease. We find, in Dr. Arneth's essay, symptoms 277, stiff, green-colored masses of an offensive smell are discharged from the nose. Kali bichr. differs in this respect from Pulsatilla, which has long-continued coryza, with blowing from the nose of yellowish-green mucus, smelling bad. The discharge of Kali bichr. is more stiff, more compact, more green and offensive than that of Pulsatilla. In Dr. Arneth's proving (Oesterreichische Zeitschrift, vol. iii., 1847, page 300,) we find that the soreness of the nostrils under Kali bichr. consists in an ulceration, a formation of

small, burning ulcers, first on the right side, later on the left side, within the nostrils. Pulsatilla has sore, ulcerated nostrils, *i. e.*, the edges of the nostrils are ulcerated. The most important indication for Kali bichr. in measles, is the croupy cough accompanying this disease. We find in Dr. Arneth's essay, symptom 641, roughness in the larynx, with hoarseness. Symptom 642, suddenly in the evening great hoarseness and roughness of the voice. Symptom 643, rough, hoarse voice. Symptom 645, he is deprived of his voice. Symptom 697, loud rattling cough for five minutes at a time, with retching and *expectoration of tough mucus, so viscid that it can be drawn to the feet in strings.* Symptom 705, during sleep, wheezing and rattling in the chest, which can be heard at a distance. Symptom 717, expectoration of thick, yellow mucus. Pulsatilla has a similar hoarseness, but the expectoration consists of yellow, thick or greenish mucus, and the expectoration is only present during the morning or during the day. Another great difference exists between Kali bichr. and Pulsat., not only in modifying their curative power in this disease, but in general; for Kali bichr. has an aggravation of almost all its symptoms from cold,—open cold air,—while Pulsatilla has an amelioration from the same causes.

During the prevalence of epidemic measles, I have seen frequent occurrence of cases that, as soon as the eruption developed itself, a hoarse, croupy cough set in, which much distressed the patient; the nose became sore, small ulcers formed in the nostrils, and the discharge became at once tough, thick, viscid, stiff. The expectoration soon became stringy and tough, and detached with great difficulty; the patient was then generally much worse than in the ordinary measles. Aconite, which corresponds with the slight, intolerable, hacking cough preventing sleep and causing great restlessness, gave no relief, nor did Bry. or Phosph. control this cough; but Kali bichr., which I always give in the 200th or a higher potency, promptly cured these cases; and the patients generally recovered fully without any other medicine.

Kali bichr. is not unfrequently the true homœopathic remedy in croup—when the expectoration is tough, stringy, and ropy. The indications for these characteristic symptoms are found under the morbid appearances, and also under the involuntary proving of one Emanuel, a workman in Kali Bich., and related by Dr. Drysdale. As his symptoms will be found very instructive, they are given in full.

John Emanuel,* 46 years of age, of sanguine lymphatic temperament, but decrepit and wasted; soon after coming to the works, was seized with bronchitis, which continued in a chronic form for weeks. The cough was loud, violent, and rattling; it seemed to proceed from a small spot in the upper part of the abdomen, which was painful to the touch, generally commencing immediately on awaking† and after eating, preceding it, a sensation as if the stomach was swollen, nausea and palpitation of the heart continuing each time about five minutes, compelled to lie down and bend the body forward, accompanied with nausea and pain in the loins, so that he had to press these parts together with his hands. *The expectoration consisted of mucus which was so viscous that the strings were drawn down to the feet.* After the attack, he had pain in the forehead and giddiness, which almost made him stumble. In the evening, and when lying down, he was free from cough; but during sleep, the rattling and wheezing could be heard at a distance. At the same time, he complained of heaviness in the head, swelling in the region of the stomach, weak digestion, so that the stomach felt overloaded, from even the slightest food. Aversion to meat, and discomfort from eating it; constipation became habitual, and, finally, emaciation and great weakness, so that he was compelled to give up work. He completely recovered, under homœopathic treatment, in the course of three or four weeks after leaving the factory. The principal remedies were Nux vom. and Phosphor.

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* These symptoms are a retranslation from the German, by Dr. Arneth.

† Similar to Lachesis, both have also "*headache when waking.*"

The workman Gallagher has reported a similar symptom. Dyspnœa, especially in the morning, with cough and expectoration of a white mucus, "*as tough as pitch,*" and which could be drawn out into strings. Whenever this ropy, stringy condition of the mucus prevails, Kali bichr. will be often the only curative remedy.* While the presence of these symptoms may often lead us to give Kali bichr. in croup, as well as in diphtheria, or in bronchitis, there are other symptoms often present which will call our attention to this medicine. In February last, a very violent case of diphtheria, made worse by a relapse, from overheating and then running out in the cold air, in a child five years old, which had been convalescent under the action of Lachesis, was finally cured by Kali bichr. The symptoms indicating it were found under the provings of Dr. Marenzeller, and rendered by Dr. Arneth, symptom 130, "Violent stitches in the left ear, extending into the roof of the mouth, into the corresponding side of the head, and into the same side of the neck, which was painful to the touch, and the glands swollen." This symptom prevailed, *and had appeared last;* the swelling on the neck was larger than a goose-egg; it finally suppurated and discharged under the influence of Kali bichr., while all diphtheritic symptoms gradually improved, and the child fully recovered without any further medication.

In Ozæna, we find Kali bichr. at times the curative remedy. In Dr. Arneth's essay, we find the following symptoms: Symptom 261, nose full of thick mucus. Symptom 262, profuse discharge of thick, clear mucus; if that ceases, he has pain going from the occiput to the forehead. Symptom 263, considerable discharge of mucus without having coryza. Symptom 278, *discharge from the nose of hard plugs, called by the workmen clinkers, elastic, like India-rubber.* Symptom 282, the pain in the nose at the junction of the cartilage.

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* In hooping-cough, when the mucus is abundant, threatening suffocation, white and stringy, Coccus cacti is indicated.

Symptom 277, discharge from the nose of hard, greenish-colored masses, sometimes of a disagreeable smell. All of these symptoms are often present in ozæna; and symptom 262 is very important, as the cessation of the discharge, especially when it is sudden, often causes violent headache, which has often been relieved at once by one dose of Kali bichr. 200, and the habitual discharge restored. A case of chronic ozæna was much improved, where the following symptom indicated Kali bichr.; this symptom promptly disappeared, and the chronic disease was also much lessened, *vide* Drysdale's essay, symptom 8. "Violent shooting pains from the root of the nose along the left* orbital arch to the external angle of the eye exactly, with dimness of sight, like a scale before the eye: *beginning in the morning, it increases till noon, and gives way towards the evening.*"†

In the so-called dyspepsia, we find Kali bichr. often to be the proper medicine. The indications for its application in this form of disease, we find in symptom 479. After a meal, which had been enjoyed, a sensation as if digestion was impeded, and the food rested on the stomach like a heavy weight. Kali bichr. will relieve this symptom often. Nux vom. has something very similar; but the difference between the two remedies is, that the heavy weight and pressure on the stomach is felt under Kali bichr. at once after a meal, while under Nux vom., sometimes one to three hours elapse before it is felt.

I was first induced to give Kali bichr. for the bad effects of over-indulgence in beer and other malt liquors, as well for the acute results as also for the chronic ailments of the

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* Left must be a clinical observation of Dr. D., and is confirmed by the above case.

† In this case I had my attention called to Kali bichr. first by the periodicity of the daily recurring paroxysms of pain always increasing from morning till 12 M. All the other symptoms also corresponding with Kali bichr. The patient, a lady of 46 years of age, received one dose of Kali bichr. 200, and was soon relieved of the paroxysms; the discharge from the nose was also much diminished.

habitual beer-drinkers, by the following symptoms, *vide* Dr. Arneth's essay, symptom 447: In the morning nausea and sensation of heaviness in the head and eyes. Symptom 450, Nausea when walking about. 489, Nausea and *vomiting of mucus*. 480, Occasional attacks of indigestion; loss of appetite, the food presses like a heavy weight; bad humor; suffering much from flatulency; *in the morning he feels confused, has nausea*, and sometimes vomits a clear fluid. A very frequent complaint of those who indulge habitually and freely in malt liquors, is a great weight in the pit of the stomach; flatulency, loss of appetite; and when they eat, the food oppresses them at once; nausea; confused feeling, especially in the morning, *and vomiting of mucus*. When these symptoms presented themselves, Kali bichr. 200 has always cured promptly. Other results of the over-indulgence in malt liquors, especially ale, are diseases of the liver; they also often find their remedy in Kali bichr.

In many cases where the round ulcer of the stomach could readily be diagnosticated, Kali bichr. was an important remedy, provided its symptoms otherwise corresponded with those of the patient.

Kali bichr. is applicable in secondary syphilis, *vide* Dr. Arneth's essay, symptom 395. Long-continued erythematous blush of the fauces and soft palate, varying in hue from a dark to a bright red, occasionally of a copper color. Symptom 409. On the right side of the root of the uvula, an excavated sore, half the size of a split pea, with a reddish areola, and containing a yellow tenacious matter; fauces and palate presenting an erythematous blush. Symptom 408. Uvula and tonsils become red, swollen, and painful, and finally ulcerate; this caused a surgeon to believe it to be syphilitic. Guided by these symptoms, I have administered Kali bichr. in the not unfrequent syphilitic ulceration of the throat, and also for that less frequent, but very dangerous ulcer which appears on the root of the uvula, and which sometimes destroys the uvula in less than three days, finally extending to the soft palate, where the destruction is

rapid. It has also cured syphilitic ulcers of the tongue; the indication for its use has been taken from Dr. Arneth's essay, symptom 335, painful ulcer on the tongue, which lasted for weeks.

Clinical observations have shown that the stringy, tough condition of the mucus is not confined to the secretions and discharges from the respiratory organs; but by analogy it has been administered in and permanently cured fluor albus when the discharge was stringy and tough.

Kali bichr. is also beneficial in some forms of dysentery, *vide* Dr. Arneth's essay, symptom 574. Dysenteric attacks, with pains about the navel and bloody evacuations. Symptoms 575. Shortly after dinner, sudden nausea, sensation of pressure in the region of the stomach; pricking, pinching pain about the liver; urging to vomit; rumbling in the lower abdomen; discharge of very offensive flatulency; violent pinching in the whole abdomen, cutting as if the abdomen was lacerated with knives in all directions; after a discharge of fæces of the usual consistency, seven to eight dysenteric discharges of brown, frothy water, with violent, painful pressing, urging and tenesmus in the anus; nausea; desire to vomit, and pain in the abdomen. Symptom 576. For many years, towards the beginning of summer, was subject to an attack of dysentery, lasting three weeks. Symptom 577. Frequent bloody alvine evacuations with gnawing pain in the navel region, followed by unsuccessful urgings; tongue smooth, red, becomes cracked. Symptom 578. Urging to stool; collection of water in the mouth and nausea; burning pain in the anus and erections continuing over half an hour. Symptom 579. Pressing in the anus, and tenesmus in the sphincter ani.

Clinical experiences have verified these symptoms; some permanent cures have been made in cases of dysentery returning periodically every year in the early part of the summer, which attacks not only yielded at once to Kali bichr., but did not return the following years. The red, smooth,

and cracked tongue in dysenteria is characteristic of Kali bichr.

The ulcers for which Kali bichr. is most curative, are large, with a dark centre and overhanging edges.

There is no well proved remedy so inaccessible to the English reading homœopathician as Kali bichr., and it is very desirable to have a new edition of this valuable medicine, containing *all* the known symptoms, and the clinical observations already published; the number of which would be infinitely larger had we all the symptoms well arranged and in the reach of the practitioner.

The very elaborate work published by Dr. Arneth is by no means complete, and its use is rather difficult, the symptoms not being printed separately, but in current text, and only beginning a new line at every five or ten symptoms. The many inaccuracies in the quotations of the authorities and the abbreviations frequently misprinted, make it often next to impossible to find the original symptom without much loss of time; nor are his translations from the English into the German language correct: at times the sense of the symptom is entirely changed, as, for instance, in the case of the workman, James Slater, he translates from the British Journal, vol. iii., page cxci, symptoms 90, "Tongue *smooth*, red, and cracked, with dysentery" thus, "Zunge *weich*" (soft) (should be *glatt*.) The anomaly of a *soft*, red, cracked tongue is so great that the attentive reader will at once compare the original proving and find the error.

In the English language we have two records of Kali bichr.; the first is the Essay by Dr. Drysdale, in the Hahnemannian Materia Medica, vol. i.; and the second in Dr. Hempel's Symptomen Codex, (Jahr's Manual,) vol. i. Dr. Drysdale, who incorporated in his work the former publication on Kali bichr., in vol. iii. of the British Journal, says, in note 1, page 4,

"In selecting the groups of symptoms which compose the following *schema*, I have subjected the narratives of the experimenters to what may appear somewhat rigid criticism;

and in the fear of incorporating any useless or doubtful symptoms, may have left out many that really belong to the drug, and which may turn out to be valuable. But I hold that it is better to reject many real symptoms than admit one false one, as one false symptom tends to vitiate the whole, by destroying our confidence in the rest. In most cases, I have not admitted any marked phenomena on the evidence of one experimenter, but only adopted such symptoms as agree in several.

"I have also omitted the greater part of the experiments of some persons, in consequence of insufficient information as to the constitution or habits of the prover, or from direct evidence of their doubtful character. Thus, the most formidable group of symptoms, including total blindness for a short time, is given by one experimenter; but as we have no information as to his constitution, and are told he had a headache before beginning to take the medicine, we cannot adopt his results till they are confirmed, as, for all I know, he may be subject to sick-headaches preceded by loss of sight, as in this case. The proving of Dr. Wachtel I have also taken the liberty to omit entirely. This gentleman took one dose of the twelfth dilution only; sixteen days thereafter, he had a tickling cough and spat up during the day, on the whole, about half a pound of bright-red blood; next day, he discovered a small fissure in the posterior wall of the pharynx, from which the blood had exuded.

"Further evidence is certainly required to establish any connection between these phenomena and the dose of Kali bichr. I have also omitted some of the symptoms of the excellent and indefatigable Professor Zlatarovich; as, on comparing them (especially those connected with hæmorrhoids, the flickering before the eye, and the hemicrania) with his own symptoms, while under the influence of other and very dissimilar medicines, they were very much the same. It is certainly very much to be desired that each experimenter should hand in at the same time with his narrative, a critical analysis of it, pointing out or expunging those symp-

toms which, from knowledge of himself, he considers may be doubtful. Till that is done, we cannot attain to accuracy; for it is impossible for any one afterwards, at a distance of time and space, to subject the narrative to a sifting cross-examination, such as might be practicable on the spot; all that can be done, is to omit in each what is not confirmed by the narrative of some other experimenter."

The somewhat rigid criticism, as Dr. Drysdale calls it, or, as it really appears, this arbitrary manner in which he has sifted the rich material before him, does by no means excuse the great injury and injustice done to the public in general, the suffering patient, and the enquiring physician in particular, and also to the self-sacrificing investigator and prover.

Dr. Drysdale holds that it is better to reject many real symptoms than admit one false one. This assertion is erroneous from beginning to end. Is it not generally admitted to be better that nine guilty criminals should escape before risking the condemnation of one innocent person? We have no right to reject one solitary symptom without most excellent reasons; and that good reason can only exist when no cure has followed the administration of the remedy corresponding to the symptom or group of symptoms, not only once, but repeatedly, then may we reject that symptom or group of symptoms, and express a distrust as to the reliability of the "experimenter"—Fickel. By omitting one or more symptoms, we risk more than by admitting them; and we may positively prevent a cure. As, for instance, the symptom quoted above: "Violent stitches in the left ear, extending into the roof of the mouth, into the corresponding side of the head and the same side of the neck, which was painful to the touch and the glands swollen," enabled me (being so fortunate as to find it in Dr. Arneth's essay) to cure a desperate case of diphtheria. The reliability of this symptom, observed by one prover only, (Dr. Marenzeller,) and *arbitrarily* set aside by Dr. Drysdale, was again proved in another case. In March last, I visited a young lady, thirteen years of age; she complained of a very sore throat, pain

much increased by swallowing; the throat full of tough mucus, which she could neither swallow nor hawk up; she could not put her tongue out without much increasing the pains; had pain in the left side of the head; shooting pain in the left ear; the left side of the neck very painful to the touch and much swollen. The tonsils, especially the left one, much swollen and inflamed. One dose of Kali bichr. 200 (Lehrmann) cured her entirely in thirty-six hours. Since then she has enjoyed better health than ever before, so she and her parents stated to-day, (July 4th.) She has taken no medicine since; needing none.

Dr. Wachtel's proving has been omitted, because Dr. Drysdale deems it highly improbable that one dose of the twelfth potency would cause any, and certainly not such, symptoms as Dr. Wachtel reports sixteen days thereafter.

The symptoms reported by Dr. Wachtel are nevertheless correct, and I have confirmation, at least, of those observed by him on the 25th and 28th of June. The latter being of much importance, has induced me to give Kali bichr. often, and with good results, when a discharge of acrid fluid took place through the posterior nares.

Professor Zlatarowich has also had the misfortune to have some of his symptoms rejected, because other remedies produced on him, while proving them, *similar* symptoms. Had they been the *same* symptoms, there might be an excuse for omitting them; but they being similar, the omission is an *arbitrary* proceeding. Our space is too limited at present to say more on this subject, but we shall do so before long.

To give the reader an idea of the *recklessness* with which this valuable drug (Kali bichr.) has been treated, and of the mischief thus produced, I will add here the *ear-symptoms* on record, and what Drs. Drysdale and Hempel have given under that organ.

Dr. Arneth gives, under "Ear," page 448, the following symptoms, to which I have added the last four symptoms, and the number under which they can be found in connection with other organs, and overlooked by him:—

Light drawing behind the right ear.

Light superficial pain in the right side of the face, especially in the cheek-bone and towards the ear.

The same pain slightly in the left side of the face.

Slight drawing pain, now here and there, on the neck, beginning on the lower jaw and the os hyoides, later on the os ethmoidalis, extending behind the ear; of short duration.

5. Passing painful stitch in the right ear.

From time to time pressing headache, with stitches in the left ear and in the left parotid gland.

Single, quick passing but violent stitch in the left ear.

Stitches in the ear.

Violent stitches in the left ear, extending into the velum, into the same side of the head and neck, which was painful to the touch, and on which the glands were swollen.

10. He awoke by itching of the lobe of the right ear.

The right ear seemed closed; slight burning of the exterior ear.

Tearing in the exterior ear.

The external meatus, especially on the left side, is slightly sensitive, and feels closed.

Dryness and burning in the right nostril, and from there a tensive drawing pain extends to the right meatus.

15. Slow, seemingly drawing stitch through the external meatus of the right ear.

At the entrance of the external meatus of the left ear, appears a swelling of a slightly inflammatory character; it was more irritating than painful, and disappeared again in four days.

While walking twice, a dull pain through the external meatus, extending into the internal right ear.

Slight stitches in the internal right ear.

Humming in the ear.

20. Slight headache, which developes itself generally in the

forehead, and which is accompanied sometimes with humming and pain in the ear.

Flapping and singing in the ears.

Headache, accompanied by slight pressing pains in the eyes and violent tearing in both ears. 50.

Stitches, which extend to the ear from the right side of the head. 39.

Dull, drawing, tearing toothache on the left side, with very painful stitches in the upper and lower jaw, extending into the left ear, into the temple and neck. 310.

25. Pressing, stinging pain in the throat when swallowing and talking, extending into the ear. 398.

Here are *twenty-five* ear-symptoms.

Dr. Drysdale gives us *two*, viz.:—

Singing in the ear, which continued for three days incessantly.

A swelling of slightly inflammatory character in the external meatus of the left ear, which disappeared in four days without much pain.

Dr. Hempel gives two (other) symptoms:—

Awakened by itching of the lobe of the right ear.

Flapping and singing in the ear.

Further comments on the merits of the English rendition of this valuable drug are not necessary.

DIPLOMA GRANTED.

Francis Orenga, M. D., Valencia, Spain, received from the Homœopathic Medical College of Pennsylvania the degree of Doctor of Medicine, and especially of Homœopathic Medicine, June 22d, 1865.

FORCES AND FORMS OF LIFE.*

BY J. H. P. FROST, M. D., PHILADELPHIA.

This work, though edited by a medical man, bears no direct relation to the practice of medicine, yet claims the attention of every physician. And this not alone from the natural desire of the profession to keep step with the harmonious advance of general science, but still more from the fact that it contains, in small bulk, the most interesting and important discussions of physical, celestial, and vital dynamics. So, without attempting a formal review, or proposing to give any complete resumè of its contents, we simply make it the basis of the present article. And hope, in this manner, the more effectually to invite attention to the work itself; to oppose some of the apparent materialism which it implies; and, at the same time, to show, in accordance with the higher views generally entertained by Homœopathicians, that "there are more things betwixt the heavens and the earth," and even on the earth, "than were ever dreamed of" in this new philosophy.

The greatest discovery of modern times, towards which different and independent investigators have simultaneously tended, is known by the name of the *Correlation* and *Conservation of Forces*. Heat, light, electricity, magnetism and chemical affinity—the principal known forces of Nature—are found capable of being directly or indirectly resolved into each other; of being considered, therefore, as the variously manifested forms or modes of motion, or motive force. And this common force, or these several forces in Nature, are constant, being neither created, increased, nor diminished. We give from the work itself some few illustrations of its doctrines,

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* *The Correlation and Conservation of Forces.* A Series of Expositions (edited), with an Introduction, by E. L. Youmans, M. D.. New York: Appleton & Co. 1865.

before proceeding to the still further consideration of *correlating* subjects.

The force which causes two similarly constituted metallic bodies to be rubbed together, is transformed into the heat of friction. Thus is shown the correlation of motion, or motive force, with heat. While instead of being, as formerly, considered as a distinct entity, heat is now deemed but a mode of motion, if not almost identical with motion itself. Intense heat produces light. Light is also readily produced by motion, either directly, as when accompanying the heat of friction, or mediately, by electricity resulting from motion. If two dissimilar metallic plates are rubbed together, or merely placed in apposition, electricity is produced. Thus is shown the correlation of heat, light, and electricity with motion. In the motion of chemical affinity, both heat and electricity may be contained. But the most remarkable illustration of the correlation of forces is seen in the action of the ingenious and elaborate mechanism, arranged and described by Mr. Gove,* for manifesting what may be termed the wonderful motive force of light. We give, in his own words, the results of the experiment: "As soon as a beam, of either daylight or the oxyhydrogen light, is, by raising the shutter, permitted to impinge upon the (daguerreotype) plate, the needles are deflected. Thus, light being the initiating force, we get *chemical action* on the plate; *electricity* circulating through the wires; *magnetism* in the coil; *heat* in the helix; and *motion* in the needles."

In the light of this new discovery of the correlation of her forces, Nature, in all her degrees, is seen to be wonderfully united. As Newton, in demonstrating the theory of gravitation from the fall of a pippin, illuminated, with a flash of scientific light, the darkness of ages, and *religated* the whole material world to itself; so the doctrine of the correlation and conservation of forces, "as with a wondrous dynamic chain, binds into living unity the realms of matter and mind through

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* "Correlation," &c., p 116.

measureless amplitudes of space and time. The star-suns of the remote galaxies dart their radiations across the universe; and, although the distances are so profound that hundreds of centuries may have been required to traverse them, the impulses of force enter the eye and, impressing an atomic change upon the nerve, give origin to the sense of sight. Star and nerve tissue are parts of the same system. Stellar and nervous forces are correlated."*

The learned editor of this work, which is worth its weight in gold to every thinking man, justly contends that the tendency of modern science is to advance from the material to the spiritual. And in so far as regards the material and inorganic world, the doctrines and discussions it contains apparently afford ample illustration of his position. Although the difference, on the score of spirituality, between *imponderable substances*, or emanations, such as heat and light were supposed to be, and *material forces*, or forces derived from a material source, as the sun's light and heat are now taken to be, is rather more superficial than profound. But when the new views come to be applied to the organic world—to vegetable, animal, and, still more especially, to human life, as in the final chapters by Carpenter—their proclivities seem any thing but spiritual. For the sun's light and heat seem to be represented not only as the final cause of the forces of Nature, but also as the sufficient cause of all vegetable, and even of all animal life. The germ of the plant, for instance, being supposed to contain merely the *directing* element, and to receive from the sun the *dynamic* force which secures its development.

We may, perhaps, take little interest in the theoretical fate of the vital principle, which lies dormant for three thousand years in a grain of wheat; though even there it would seem as if a higher form of life than the heat and light of the sun were present: and we are accustomed to believe that the stream can never rise higher than its fountain. But animals

* "Correlation," Introduction, xli.

have memory and affection; are capable of gratitude for benefits, and even of revenge for injuries; and possess an instinct or intuitive perception, which often appears superior to human reason. And in the case of man, the physiologists of this newest school may indeed assume to calculate the exact quantity of "phosphatic constituents" corresponding to a given exertion of the mental faculties; but who shall assure us of the amount of solar light and heat which may be the productive equivalent of our highest, reverential conception of the Infinite and the Eternal?

As in the case of friction the motive force is not destroyed, but re-appears under the form of heat; so, in all the voluntary and involuntary actions of Nature, there is absolutely no loss of power or force, but merely a transfer from one mode or form to another. This is what is meant by the conservation of forces. In the forests are accumulated and preserved the products of the sun's heat and light; from the same forests we recover an equivalent amount of heat and light for our own domestic and mechanical use. So, in the beds of coal and lakes of petroleum, are treasured for the use of man, in all coming time, the results of the forces of Nature, accumulated during tens of thousands of years before his creation. With the doctrine of the indestructibility of matter a great advance in science was recorded. A similar and still further advance marks the era in which is demonstrated the indestructibility of motive force or power.

Change, but not destruction, is the law of the forces of Nature. And this change, however apparently retrogressive, is never truly so; but is always, and essentially, progressive. For these forces, though for a season obscured, constantly reappear, clothed in higher and still higher forms, as they are thus successively developed for the performance of higher and still higher uses. Thus the earthy constituents of the globe, regarded as the result of chemical affinity under the influence of the sun's heat and light, compose what is called the inorganic world, "the mother earth;" this latter sustains the vegetable or organic world; which, in turn, sup-

ports the higher forms of animated nature; these again, as in fact do all the rest, minister to the sustenance of the human race; from which, finally, the heavens above us are replenished. And again, in the inorganic forms of Nature, the primary result of her forces, we may see not alone an enduring persistence of force; but the living presence of a still *higher law of use*, which renders them capable of being adapted to the higher wants of the highest states of human society. Gold, for example, in its natural state, furnishes the rude but sufficient ornaments of the barbaric tribes; supplies the principal medium of circulation for those more advanced in civilization; forms the bond of economical stability during successive generations of national existence; provides the substantial basis of exchange for the vast and varied interests of international commerce; becomes, in accordance with the law of the similars, a most important remedy for many of the "ills that flesh is heir to;" and when its recondite virtues are still further developed, proves an efficient "medicine for the mind diseased."

In the former philosophy, which held that heat was a distinct entity, the doctrine of latent heat was understood to imply that no substance in nature, however cold, was entirely destitute of heat. In this new philosophy, heat is a mode of motion; so that all substances in Nature ought to be regarded as possessing motion of some kind. But motion we believe to be a form of life, and that all the substances in Nature, the inorganic as well as the organic, are endowed with some kind of life. For Nature as truly rejects death as she abhors a vacuum. And all the forms of Nature, or the created universe—for in this most extended sense do we employ the term, Nature—from the primary atom to the ultimate solar globe, from the most insignificant insect to the mightiest man, are forms of life. Thus, in man and the superior animals, we have concentrated all the forces of Nature; animal magnetism, heat, light, electricity, chemical affinity, besides some other and less obvious forms of force which, as we shall presently see, pervade also the most material substances.

Carpenter* indeed suggests that the luminosity, which is sometimes seen to emanate from the human body during life, is, when not electrical, phosphorescent, and the product of morbid processes, as in cancer and phthisis; and that it is analogous to that which arises from dead bodies in dissecting-rooms and burial-grounds. But since the elaborate experiments of Reichenbach† have shown the non-electric nature of the light of crystals, as well as of that which "parts of the human body, organs of plants (crystals) and amorphous bodies give out abundantly," it may well be doubted whether animal light is any more the product of disease than is animal heat. Nor is it any reply to this to say that both are accompanied by the degeneration of tissue; for so also is thought.

In the essays by Mr. Carpenter, to which reference is made above, we hoped to have found some corroboration of the doctrine of the respiration as furnishing the motive power of the circulation.‡ So obvious a "correlation of the physical and vital forces" it seemed scarcely credible that this acute writer should have overlooked. But he still appears to give the heart all the credit, and to attribute such wonderful dynamic power to the motive force supplied from food alone: a source of power which would seem to have been already bespoken for the growth and repair, and other action, of the whole system. But the limits of the present paper preclude more than the merest mention of a theme as interesting and important as it is profound.

Men, animals, metals and earths are alike affected by the electric and magnetic currents which pervade the earth and at times light up the northern skies with corruscations of resplendent glory. The world is full of light, heat, chemical affinity, motion, life, as well in its entire mass as in each minutest portion. So each drop of water, itself a microcosm or

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* "Human Physiology," chap. x.

† "North American Homœopathic Journal," ii., p. 222.

‡ See Mrs. Willard's Exposition of her "Theory of Circulation by Respiration," and the remarkable experiments, which appear conclusively to prove it, in "The United States Journal of Homœopathy," Vol. II., pp. 133 and 356.

miniature world, teems with innumerable forms of animated existence; so the phenomena of chemical affinity proceed silently through the still lapse of ages, as in the gradual change of beds of clay into slate; so the processes of crystalization are not only constantly going on, but, as above indicated, each single crystal emits from its poles a continuous, non-electric light; so, finally, from every crystalized, and from every amorphous substance in nature, are given out, in a manner clearly perceptible to many persons, the influences which Reichenbach terms the manifestations of *Od force*. Natural and artificial magnets bristle with magnetic emanations, as first illustrated, by Swedenborg, in the Principia.* The luminosity of magnets, analogous, no doubt, to similar phenomena from other substances, termed Odic Incandescence by Reichenbach, is shown by him to be entirely distinct from magnetism or magnetic light.†

A sphere of influence which is the involuntary and unconscious expression of his own nature, and which may be termed animal magnetism, emanates from and surrounds every person. This sphere is more remarkably perceptible to some than to others; but to none more than to infants, who are often manifestly attracted or repelled by it. *Every substance in Nature has its corresponding, correlating sphere of influence*, which is none the less real for not being grossly obvious, and none the less worthy of consideration for being as yet in advance of the generally acknowledged phenomena of material science.

Pass we from the sensual, though immaterial, to the supersensual and truly spiritual, and a new world dawns upon our vision—a world within a world—the inner infinitely more wonderful than the outer. The *law of use*, which pervades all things, bespeaks the living presence of a truly spiritual power. And if the undevout astronomer may be said to be mad, how much more should the wondrous forms and forces of life,—as seen in the microscopic world, in the evident vi-

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* Vol. II., chap. xi.

† "Researches," p. 378.

tality displayed by the most inert substances, in the astonishing efficacy of our own high Potencies, in the apparent impossibility of reaching by successive attenuations the limit of their immaterial power, and, finally, in the *higher law of use,* which at once inspires all the forms of earth and life with a certain Divine element, and, on a plane far superior to that of the solar forces, re-unites the entire material and spiritual universe to itself—how much more should all these things make of the Homœopathician a firm believer in all that is highest and best in thought and faith?

The earth as a mass, the universe as a whole, and all their component parts, from the least to the greatest, are but forms of life: forms which, in our superficial thoughtlessness, we describe as higher or lower. But the life which animates the microscopic animalculæ of modern science, is as truly sublime as that which impelled the vast form of the mastodon of the olden time; and the motion, which is the life of the primary atom, seems to our finite comprehension a mystery more profound than is the revolution of suns and stars in their appointed courses. And all these various forms of animate and inanimate nature are "vivid with the lingering light" of forces which, however unlike in their apparent development and manifestation, become the more wonderfully correlated the more profoundly we explore them; and which the light of advancing science shall presently discern as resolvable into two *correlating elements,* corresponding alike to the elemental duality of their source and to the consequent duality which pervades the universe. And as the magnetic currents sweep around the globe in endless circles, so the forces of life, flowing forth from the Infinite Source of all life, through the Heat and Light of the Divine and of the natural Sun, into the mother earth, remain undestroyed as they pass from higher to lower, and through her lower but successively ascending forms, till, finally, through the eliminated souls of men, they return to God who gave them.

THE NEW GERMAN EDITIONS OF THE ORGANON.

It appears by the German Homœopathic periodicals, that two new editions of the Organon have been advertised, and are now being published. Dr. Lutze, of Cöthen, claims to have received permission of one of Hahnemann's surviving daughters to publish a new edition, and Dr. Süss Hahnemann, the grandson of the author, asserts also the right of publishing a new edition.

It appears that the proposed edition of Dr. Lutze is, as yet, the only one in the possession of the editors of the German Homœopathic journals, and they all join in the protest against this edition, which was first published in the Allgemeine Homœopathische Zeitung (Dr. Meyer). The protest is based on the fact that Dr. Lutze has added a new preface, and that not content with altering notes and adding an appendix, he has left out several of Hahnemann's paragraphs, (the 272–274, 5th edition), substituting for them new paragraphs, expressing opinions quite the reverse of those hitherto regarded as authentic, and by so doing he has arbitrarily and without any reason subverted the three cardinal and fundamental principles of Homœopathy.

A formal adhesion to this protest is solicited by the representatives of the scientific Homœopathic press of Germany, and we hereby subjoin the endorsement of said protest by the faculty of the Homœopathic Medical College of Pennsylvania.

Madame Hahnemann, in a letter to Dr. V. Meyer, published in the Allgemeine Homœpathische Zeitung, claims alone the undivided right of editing the sixth edition of the Organon. She says, "I alone possess the manuscript of this important work, written by the very hand of my husband. To me alone have the corrections the author has made in the Orga-

non been entrusted." Madame Hahnemann now thinks the time has come when the true and genuine Organon is to be published.

The Monthly Homœopathic Review, London, No. 6, Vol. 9, page 355, very promptly says: "Against any alteration in the text of Hahnemann's Organon, in its preface or its notes, we cordially unite with our German colleagues in protesting. And while we are glad to learn that Madame Hahnemann is at last about to fulfil the trust confided to her twenty-two years ago, of publishing the latest manuscript notes of the learned author of this remarkable work, we trust that whatever additions or alterations Hahnemann may have left, as the fruit of his experience during the last ten years of his life, may be given in notes, and that the text of the last edition he himself corrected may remain entirely unimpaired. To alter what Hahnemann has *published*, is to deprive us of the opportunity of correctly estimating his intellectual and scientific position; it is to destroy the most important chapter in the history of Homœopathy—nay, more, in the history of medical science."

Dr. Lutze is known to the Homœopathicians as an author of popular works, and the advocate of mixed medicines. The evidence he adduces in support of his position is shown clearly to be no evidence at all, as Dr. Ægidi himself repudiates this evidence offered by Dr. Lutze, as obtained only from a correspondence between Dr. Ægidi and Hahnemann, and he terms the so-called double remedies "an abuse and a scandal." To perpetuate these falsifications, Dr. Lutze resorts to an actual forgery of the original text of the *Organon*.

It is confidently expected that Madame Hahnemann will see that the translation of this sixth edition of the true Organon in the English language, will be rendered truthfully and accurately. When that time comes there will be much to occupy us with regard to the former translations and the various publications of this great work. We also hope that the Homœopathic Societies throughout this country will join us

in the protest against the proposed alterations and falsifications.

A PROTEST.

At a meeting of the Faculty of the Homœopathic Medical College of Pennsylvania, the following preamble and resolutions were discussed and unanimously adopted.

Whereas, A book purporting to be the sixth edition of "Hahnemann's Organon," has been published at Coethen, Germany; and

Whereas, The representatives of Homœopathic journalism in Germany have issued their earnest protest against this unwarranted sixth edition of said work, and have *pronounced and declared it to be mutilated and perverted,* in that the paragraphs numbered 272–274, in the fifth edition of said work, treating on the simplicity of the remedy to be administered, have been omitted, and spurious and false ones have been inserted in their place, recommending double and triple mixtures.

Resolved, That we fully endorse the "Protest" published in Vol. 70, No. 15, of the "Allgemeine Homœopathische Zeitung."

Resolved, That we protest against the introduction of any translation into English of said spurious and false edition, as a standard work of Homœopathics.

Resolved, That we call the attention of the "American Institute of Homœopathy," at its next meeting in Cincinnati, on the 6th proximo, and of all other State and County Homœopathic Societies, to the above protest; and that we solicit their co-operation in endeavoring to protect our science from perversion by false and spurious interpolations into its standard literature.

Resolved, That we request this our protest against said book to be published in all the American, British, and German and other Homœopathic journals, and a copy thereof to be trans-

mitted to each of the State and County Homœopathic Societies in the United States.

In testimony whereof, we have hereunto affixed our signatures, this twentieth day of May, A. D. 1865.

CONSTANTINE HERING, M. D., Prof. of Inst. & Pract.
ADOLPHUS LIPPE, M. D., Prof. of Mat. Med.
H. N. GUERNSEY, M. D., Prof. of Obstetrics.
CHARLES G. RAUE, M. D., Prof. of Pathology.
PUSEY WILSON, M. D., Prof. of Anatomy.
J. H. P. FROST, M. D., Prof. of Physiology.

THE HAHNEMANNIAN MONTHLY.

A MEETING of the Homœopathicians, who had been invited to attend an adjourned meeting of the previous year, was held in the City of Philadelphia on the 3d of June, 1865, at the College building.

After a long discussion on the question, whether or not the interests of Homœopathy demanded the publication of another homœopathic periodical devoted, like the American Review, to the defense and the support of the true Hahnemannian doctrines, this question was at length answered in the affirmative. And it was further resolved, that the Faculty of the Homœopathic Medical College of Pennsylvania should publish the said periodical; that it should be called the Hahnemannian Monthly; and that Drs. HERING, LIPPE, and FROST should be the Committee on Publication. A stock subscription was opened at ten dollars each share, and money sufficient was obtained to warrant the publication of this periodical.

At a meeting of the Publication Society, held at the same time, the first work was offered, which is a translation of Dr. v. Bœnninghausen's work on Hooping Cough, by Carroll Dunham, M. D., which received the recommendation of the censors.

HOMŒOPATHIC MEDICAL SOCIETY OF CAYUGA COUNTY.

The Sixth Annual Meeting was held at the office of Robinson and Boyce, in Auburn, June 13th, 1865. Present nearly all the members.

Dr. Robinson, Jr., gave a report on Bronchitis, and detailed a case with decided Lachesis symptoms. He gave the 12th Dilution with no result; afterwards the 200th, with no curative result. Other remedies were given, but the case got no better. Finally, Lachesis 41,000 of Dr. Fincke's preparing was given, and the case cured in forty-eight hours.

Dr. Fellows reported on Materia Medica, and gave a proving of Phytolacca Decandra.

Dr. Boyce read a paper on comparative headaches, and gave the symptoms in comparison of Natrum Mur., Silicia, Bryonia and Nux vomica.

Dr. Peterson detailed several cases which were cured by Veratrum viride. The Doctor believes in the efficacy of new medicines.

On motion, Dr. Peterson was requested to send his paper for publication; and he consented and will send it to the Homœopathic Observer, published at Detroit.

Dr. Swift reported on cutaneous diseases.

Dr. Fellows gave his experience with Sulphur.

Dr. Brewster reported on diseases of children, which, on motion of the Society, he consented to send to the journals for publication.

Dr. Boyce read a case of Purpurea hemorrhagica, cured by Phosphorus 200, which was requested for publication. He had already sent a copy of the case to the Homœopathic Review of New York for that purpose.

The resolutions of the Allopathic County Society, passed at a meeting held some months since, having been mentioned, in which the practitioners of medicine, who had dared to advance in their science, were designated as having a "single principle in medicine," a committee was appointed to take into consideration the matter, and, if thought best, to report thereon.

Drs. Robinson, Jr., Peterson and Fellows were appointed the Committee.

The election of officers being in order, Dr. Swift was elected President; Dr. Fellows, Vice-President; Dr. Boyce, Secretary and Treasurer; Drs. Boyce, Brewster, Robinson, Jr., and Strong, Censors; Drs. Swift and Smith, Delegates to the State Society, with power to substitute; Delegates to the Onondaga County Society, Drs. Robinson, Jr., Brewster, and Smith; to Oneida County, Drs. Boyce, Fellows, and Swift; to Wayne County Society, Drs. Robinson, Peterson and Gwynn, with power to substitute.

The President appointed his committees. When the hour for adjournment came, the business was found not half-concluded, and, on motion, the Society adjourned to July 12, 1865, to complete the business before it, and to discuss Cerebro-Spinal Meningitis.

July 12th, 1865.

The meeting was called to order. Present Dr. A. R. Morgan, Dr. Belden, of Syracuse, and Dr. Adams, of the United States Army.

The Secretary read a paper from Dr. C. Dunham, of New York, in regard to a proposed sixth edition of the Organon by Samuel Hahnemann, M. D., by A. Lutze, of Germany; with a protest, signed by several German physicians, against it, together with Dr. Dunham's remarks on the subject.

Dr. Peterson was appointed a committee to report the sense of the Society in the matter.

Dr. A. R. Morgan read a paper entitled: "A glance at the trials and dangers which beset us." The paper was requested for publication.

The subject for discussion being called up (Cerebro-Spinal Meningitis), Dr. Robinson, Jr., detailed a case of this disease, which he treated successfully by Nux vomica 200; the principal characteristic of which was a bending back of the patient so that the head and heels nearly touched; and, during the whole course of the disease, the least touch was followed by agitation and tendency to spasms.

Dr. Morgan stated that in an epidemic about Batavia, which was very fatal, no cases died who took Cicuta virosa.

Dr. Boyce stated that in cases under his observation, Crotalus had produced a marked effect.

Dr. Fellows had cured a case where the lower jaw had dropped and the mouth had become very dry, with the peculiar symptom that the child called constantly for the mother to lie down with it. This cry was continued after the mother had lain down. Sulphur was the remedy used.

Dr. Gwynn had a case where Belladonna had exerted a beneficial effect at first.

Dr. Peterson had cured a case with Veratrum viride.

A general discussion followed on this disease and its relation to typhus fever.

Dr. Peterson reported on Dr. Dunham's paper:

Whereas, Arthur Lutze, of Cœthen, Germany, has undertaken to publish a sixth edition of Hahnemann's Organon, which contains some things not taught by Hahnemann, and omits other things which are contained in said Organon, and which are most important in defining the principles and true science of Homœopathy, therefore

Resolved, That we protest most emphatically against the least alteration of the text of the Organon of Samuel Hahnemann, as left us by himself.

The report was accepted and the resolution adopted.

Dr. Robinson, Jr., from the Committee on Resolutions, referring to the Allopathic Society, reported the following:

Whereas, The Legislature of the State of New York has recognized the claims of the Homœopathic system of medicine, by conferring upon its practitioners the same privileges as to establishing colleges, organizing local medical societies, and all other privileges accorded to those of the old school practice, and

Whereas, The Cayuga Medical Society (old school), at its session, January 11, 1865, adopted and published a resolution containing the following language: "And, furthermore, we agree to do all in our power to sustain the honor and integrity of the profession, and, to that end, we consider a regular medical education, and a continuance in the exercise of its principles and doctrines, the only basis of professional intercourse, and we will decline meeting in consultation with any practitioners whose practice is founded on a *single* principle of medicine, or with those whose practice is wholly founded upon error," therefore

Resolved, That we consider the regular medical education taught at Homœopathic colleges, which embraces all that is taught in the Allopathic colleges, with the addition of the principles of Homœopathy, as possessing a decided advantage over the restricted course of study pursued in the old school colleges.

Resolved, That the Pharasaical determination embodied in their resolution, to meet none but members of their own school in consultation, is equalled only, as far as this Society is concerned, by the fable of the fox and grapes, as the only member of that Society whom we have called, is universally conceded to be beyond their comprehension in the attainments of his profession, and who strongly argued, and alone voted against the adoption of the resolution.

Resolved, That we concur with the more enlightened of the old school profession, in regarding the use of cordials and similar preparations, usually denominated "quack medicines," as suited only to those who are beyond the pale of civilized practice, and that in mercy to afflicted humanity we continue our strenuous opposition to their use.

Resolved, That Lansing Briggs, M. D., of this city, whose skill is the result of study in the best schools of Europe as well as America, for his dignified and manly professional courtesy in his intercourse with the members of this Society, and his rare accomplishments as a physician, and skill as a surgeon, and his urbanity as a gentleman, be elected an honorary member of this Society.

In discussing these resolutions, Dr. Robinson, Jr., remarked that it ill became a society to prate of a "continuance in regularity," one of whose chief officers is, and has been, a vender of "quack medicines" for more than twenty years.

The resolutions were adopted.

There being no further business, the Society adjourned to the second Tuesday of September, 1865.

C. W. BOYCE,
Secretary.

THE

HAHNEMANNIAN MONTHLY.

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THE RULE OF SIDES.

BY C. HERING, M. D.

The following is an abridged statement of a number of researches, which occupied my mind during more than forty years of my life, and which may be better understood if given in historical order.

My principal objection to Homœopathy, and the main argument in a treatise which I was writing against it (1822), was the question addressed to Hahnemann and his adherents: What is to be understood by your term "similar?" This is too vague an expression to be allowed to pass in science! What is your definition of your similarity? The mathematicians term what is of the same quantity, *alike* (æquale); and what has the same conditions of form, *similar* (simile). But what is your difference between alike and similar? You cannot tell! Further, you say the effects of medicines, even in the smallest doses, are much stronger than the diseases. What gives them such a peculiar power? We daily see common diseases, as gout, leprosy, etc., go on through life unchecked, and the effects of drugs, medicines or poisons, pass away without leaving a trace. Finally, you explain the cure through a remedy chosen on account of its similarity, by its later or secondary effect, which you say

is directly contrary to the first or primary effect. At the same time it must be admitted that such a thing can only happen, when there exists such a directly contrary state; and (Organon § 64) "if there exists no state in nature, that is directly contrary to this primitive effect," "it appears" "the vital power then seeks to gain the ascendancy by destroying the change (suchen sich zu indifferenziren)." We may well say "it appears" Hahnemann "seeks" to explain his law of cure without succeeding. The vital powers have, according to this, not only to produce something directly contrary, if there is such; but if there is none, they must be satisfied with bringing it to the point of indifference, and several such actions all at the same time as if dictated. How many things nature has to do, if a drug produces a chill followed by a fever—which latter is directly contrary in temperature —and afterwards a sweat—directly contrary to the dry skin during the fever? It seems as if here all the absurd contraries of Galen were united, only they are turned inside out. Thus I considered all this, arbitrary assertions, and the similarity "a bag of sheepskin" which might be stretched one way or the other.

In order to crown my treatise—which I had not the slightest doubt would kill Homœopathy right off—I had of course to wind up with a series of cases and most careful experiments. Alas! what became of all my mathematical and philosophical objections? They flew like chaff before the winds.

It is enough to say that after a hard struggle, lasting more than a year, I was fully enlightened and driven by a sufficient number of clear facts to adopt the new art and all and every practical rule of Hahnemann, and my treatise remained, of course, unprinted.

During the following happy year, I was already led to remark that there were two kinds of similarity, if we may so express it: a true and a false one, *i. e.*, a curative one, and another not curative. Drugs very nearly related to each other, and chemically very similar, produced symptoms

of course, very nearly the same. Thus the symptoms of the one were similar to the symptoms of the other. But notwithstanding all this similarity, they were not antidotes to each other! Here was a law of nature, with its practical, unfailing applicability, and there was not only an exception, but a contradiction! For instance, nux vomica and ignatia amara were botanically nearly related, chemically nearly the same—a discovery made in 1818, long after Hahnemann had already collected his provings of both.—Still they were not antidotes to each other, in spite of the greatest similarity not only of one-half of their symptoms, but especially of such as were the strongest, most predominating and *pathologically most important.* But pulsatilla, a plant which botanically and chemically stood at a great distance, could be an antidote to nux vomica as well as to ignatia; likewise chamomilla, equally distant from all the former, was an antidote to any of them. What was here the case with antidotes, could of course also take place with regard to the similarity of symptoms, between the symptoms of the sick and the symptoms of the drug. And as we had continually to look for similarity, as the mariner to the needle of his compass, it was of the highest importance for our art to distinguish between the curative similarity and the not curative, the right one and the misleading one.

Holding fast as to an axiom, that throughout nature all and every action required a contrary action of at least equal strength to be annihilated, thus only something opposite could make a cure—seeing daily that medicines cured morbid affections, neutralized them, as it were, by magic—the only temporary satisfaction was to suppose an opposite action of the so-called power of life, analogous to the production of the complementary colors in the eye. After looking at red, a green spectre appears; after yellow, a violet, etc., etc.; but, alas, again! the appearance of these subjective colors allowed quite a different explanation! I had to give up all such experiments and attempts, on account of the accumulation of impeding questions, leave them to the natu-

ral philosophers, and return to the effects of drugs on the healthy and on the sick. Soon after I was obliged to drop Hahnemann's doctrine of using only the primary effects to cure the sick, altogether, and declare myself against it; the separation of the primary effects from the secondary appeared more and more an impossibility, and the use of the so-called secondary symptoms proved to be by far the most important. Hahnemann himself silently adopted the same view, and in his chronic diseases he made, in *conium* for instance, no such difference. But his theory, that the contrary action of life extinguishes the morbid symptoms, fell to the ground as soon as he admitted the use of the secondary symptoms.

Where now was the counterbalance, necessary according to the axiom, to restore the equilibrium of health? Was not the true, the curative similarity, such a one where the drug had an indispensable opposite? and might not the other, the not curative similarity, be one without it?

Proving the sabadilla in 1824, and in doses up to 30, 40, and 50 drops of the strongest alcoholic tincture, I was struck by the singular conformity of several symptoms going from the right to the left side, or passing through from right to left. It recalled to my mind the old observation of a case of poisoning by aconite reported by Mathiolus, who in 1561, made an experiment with a robber condemned to death, which was permitted in order to try the bezoar as an antidote. The poisoned young man observed a torpor like paralysis in the left arm and leg, which suddenly disappeared and befel the right side. (Symptoms 132 and 140 of the second edition of Hahnemann's Mat. Med., 1822.) This peculiar contrariety between the sabadilla and aconite, I supposed might be a characteristic of the natural families of Colchicaceæ and Ranunculaceæ. Supposing it a possibility that certain natural families of plants, and of course also similar chemicals, might have such general characteristics in their effects, I remained on the lookout.

The yearly meeting of the natural philosophers of Germany, took place in Dresden, in the fall of 1826, while I prepared myself for my scientific mission as a traveler to South America. Professor Oken, the founder of the Society, was the lion of the day, at least in my eyes. A paper was read from a traveller in Brazil, about the turning of some plants in a spiral to the right or the left. Oken was loudly and enthusiastically called upon the stand, to explain the matter, or give his philosophical opinion upon it. He finally came forward and said: "Gentlemen, right and left in nature is one of the greatest mysteries. I know nothing about it." With this impression on my mind I left my fatherland a few days afterwards, and went to South America.

Having discovered during my exploring trips (1827) that all lightning moves not in a zigzag line, but always in a spiral; and not only that, but also in a spiral *which turns to the right*, supposing this to be the motion of all positive electricity (1828), it explained the turning to the right of the embryo of the snail, swimming free in the egg, it being a positive body, because it receives the negative oxygen in breathing. Supposing it might even lead to find a reason why all the planets turn to the right. Still I could not make much practical application of this to Homœopathy, until I had drawn the following conclusions:

After comparing all our drugs with regard to the time of day, I found that alkalies or positive electric substances had, as the acme of their coughs, the hours after midnight, during morning and forenoon; while the acids or negative electric substances had their more violent coughs after noon, during the evening and before midnight; and further, that with the active expulsive diarrhœa it was exactly the reverse, all the negative electric substances had it in the morning hours, and all the positive electric in the afternoon.

Thus in the cycle of the daily actions, commencing after midnight, *alkalies acted from above downward*, first on the chest and afterwards on the abdomen; acids, on the contrary, acted in the morning first on the abdomen, and afterwards

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on the chest, or *from below upward.* Thus the first "with the sun," the others "against the sun," as the common people say. Here a general characteristic was discovered of the two main divisions of Elements, a characteristic where the symptoms of the drug and of the case ought to be alike. After ten years of continued careful observations with regard to the hours of the day and the electric nature of the drugs, I published a short report of it, calling the attention of all observers to this remarkable rule. N. A. Hom. Journal, Vol. I., page 41, 1851.

Every drug thus might also have a prevailing tendency to move, if not in all, at least in some of its symptoms, either from right to left or from left to right; and it was very likely that drugs being positive electric substances, or containing predominating alkalies, viz., narcotics, would be inclined to move from the right side to the left; and negative electric substances, acids or acrids, from left to right; and if so, *they ought only to be given in such cases of sickness as had moved or were moving in the opposite direction.*

According to this *aconite* would not cure a case of torpor or apoplectic lameness, which occurs first on the left and afterwards on the right side, in the same way in which it occurred in the criminal as reported by Matthiolus; but would only be the true curative agent in otherwise corresponding affections going from the right towards the left side. *Sabadilla,* acting from right to left, would only be the curative agent in complaints moving from left to right, etc.

It was not until lately that my particular attention was called to the real agreement of this rule of sides with the recently mentioned third rule of Hahnemann, and this only induced me now to lay it before the public after I had followed it in practice for more than a score of years.

If older symptoms have always to be attacked last, and the more recent ones first, this is something opposite to the development of the disease. Why might it not be applied even to cases where an inflammation of the eyes or of the tonsils attacks one eye or one tonsil first, and the other

afterwards; and why should not a drug have the preference which moves through the system in an opposite direction? That is if the symptoms have moved from right to left, to give a medicine which acts from left to right, and vice versa.

As in all matters of this nature, we have to appeal to experience in general, it would be of the highest importance for our theory, and often useful to the practitioner if this rule should be corroborated and sustained by other observers.

Every practitioner is urgently requested to communicate such cases where in acute or chronic diseases, headaches, eye complaints, erysipelas in the face, inflammation of the tonsils, of the pleura, or the lungs, rheumatism, especially the acute cases, or gout or spasmodic affections, etc., the symptoms had commenced on one side of the body, and gone or commenced to go to the other side, *cases where one drug*, but of course only one, given alone, neither mixed nor in alternation with others—even after other medicines had been given without success,—*cured a case nearly or altogether.* Only such cases as had been put on paper at once, ought to be referred to, not cases from recollection, because the best memory cannot be trusted in such matters,—also not cases reported only by other persons, as people are very apt to change sides in repeating.

A collection of such cases, even a small number of observations, made without any regard to this or any other theoretical rule, would be of much more importance than the large collection made after this rule had been adopted. The question has to be settled, not only with regard to large classes of drugs, but has to be decided *with every single drug*, with symptoms produced as well as symptoms cured; and not only this, it is very likely that some drugs may act in both directions, or may have some symptoms only in one direction, and others in the opposite.

Our Materia Medica contains very little in this respect, and it is not of much use to give all the symptoms observed as having passed one way or the other. The true manner of proceeding, if we wish to settle the question, is to form a collection of cases elucidating or contradicting the rule.

Provers, if they take only one moderate dose, ought to observe, with more care than hitherto, the sides of the body. The only prover who always has done this in all his provings is Dr. Jeanes.

POTENCIES.*

BY B. FINCKE, M. D., Brooklyn, N. Y.

A body has as many potencies as properties, and each of these potencies is a part of the body itself. Since then a body possesses an infinite number of properties which are continually increasing as the scientific methods of investigation improve, so there exists also an infinite number of potencies, not only of one single body, but also of all things of which the universe consists. Nay, indeed, as according to Thales, the whole world, in his time, was filled with gods, so now, after Hahnemann's discovery of Potentization, the Universe is filled with Potencies.

The conception of Potency is nearly related to that of force. Being derived from Mathematices, and ingeniously applied in Homœopathy; the term Potency is preferable to that of Force, because it expresses not the mere abstraction generally understood by "Force," but more distinctly the real result of an infinite number of infinitesimal processes of mutual action. This result is observed by its action upon the state of other bodies as a force, that is to say: we observe the force only in the change of the body, which is accessible to observation, and we can only from this observed change draw a retrospective conclusion upon the changes of other bodies which gave the force as their result. Potency is the infinitesimal which, *ceteris paribus,* effects that which is called exertion of Force—Energy. Force is psychological; Potency is physical.

To illustrate, taking *Iron* for an example: we find that in its metallic state it is heavy; *i. e.,* that it exerts a constant pressure upon bodies placed underneath. This pressure is explained in the science of Physics; it is, therefore, a *physical*

* Read before the Hom. Med. Society of Oneida county, N. Y., June 21, 1864.

and more especially a **barological Potency*. Since, however, the pressure is indissolubly attached to every particle of iron as long as it is in its metallic state, it is impossible to separate the positive and real metal from the conception of its Potency. And the physical Potency of iron, therefore, is not only the pressure, but also the iron itself which is pressing.

In a similar manner we find that the metallic iron reflects the light in a way peculiar to itself. This is the *optical Potency* of iron; that is to say, since the property of this kind of reflection of light is in no way separable from the substance of the metal, so, in reality, a part of this iron itself is the optical Potency which, by its action upon our sense of vision makes itself observable as a force of the metallic iron.

In like manner metallic iron is an *acoustical Potency*, inasmuch as when striking it against a hard substance it produces a sound which is perceived as a distinct force of the iron, through the medium of the air, by the organ of hearing.

Metallic iron has the property of being attracted by a magnet, and in such a case it acts as a *magnetic Potency* upon the magnet and upon other similar bodies, in assuming opposite polarity.

If we dissolve metallic iron in dilute sulphuric acid, we observe how differently it acts as Potency in various ways during one single process.

It acts as a *chemical Potency*, when, combining with sulphuric acid and water, it forms sulphate of iron; *i. e.*, when changing the sulphuric acid and the water in such a manner as to facilitate the combination known as sulphate of iron. If, while this process is going on, we connect this chemical action with a galvanometer, we perceive a galvanic current, proving the iron in the solution to be a *galvanic Potency*. And inasmuch as the galvanism itself carried through the helix, deflects the astatic needle, the iron appears also as an *electro-magnetic* Potency.

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* From the Greek *baros*, weight; and *logos*, relating to.

True, all this would not take place if the other materials did not contribute by their mutual action with the iron. But what is said of the iron taken here as an illustration, is applicable to any other matter.

In Machinery or Mechanics the iron becomes a *mechanical Potency,* because it serves in propagating and directing the motion upon certain points of action.

When heated, iron developes thermological properties, and becomes a *thermological Potency,* assimilating the heat and propagating it by conduction and radiation.

Inasmuch as the iron is fusible, and after being melted presents the properties of a fluid, it may safely be called a *dialytic Potency.*

Whether iron exists in a gaseous condition, is not yet established by experiment. Thus much, however, we may safely infer from the spectral Analysis, that there must be processes in nature by which the palpable iron is comminuted into infinitesimal particles which assume incandescent and luminous qualities. For we find iron in the solar light with new optical properties, different from any hitherto observed, shining with a certain light in a particular part of the spectrum. Iron, therefore, is a *solar Potency* on the body of the Sun, as it is a *planetary Potency* on the Earth, being instrumental in the formation of either.

The iron which, as a meteoric stone, falls down upon our earth, indicates plainly that there must be still other spheres, where the iron serves as Potency for action, and thus we may designate iron as a *cosmical Potency.*

Many plants assimilate iron from the soil upon which they grow, and from other sources. And likewise we find iron in the blood of animals and men, in the blood-cells, as an essential element of the organism, which contributes to their formation and preservation. This renders iron an *organic Potency.*

We know, furthermore, that when we bring iron as a fine powder (limatura ferri) into the human organism, it pro duces symptoms of perturbation of health, which we only

can recognize as the result of its morbific and noxious assimilation by the organism. This makes iron a *nosopoetic and pathopoetic Potency.*

And again, when we employ iron in an infinitesimal state, according to the Homœopathic law, in order to cure symptoms similar to those which it produces upon the healthy organism, we have in it a *hygiopoetic Potency.*

When we triturate metallic iron with sugar of milk, and go on potentizing the higher triturations with an indifferent fluid vehicle, according to Homœopathic rules, we prepare the *homœopathic Potency,* which is the proper remedy for the cure of symptoms in the sick similar to those obtained from iron in the healthy.

Even when the Allœopaths make good use of the finely powdered metallic iron (limaturi ferri), or of tincture of iron, in certain states of disease, it is because iron then is the proper homœopathic Potency.

Reasoning from this illustration, which might be carried on ad infinitum, we find that the contest about force and matter, or matter and mind, which engages so many able capacities, is, in fact, an impractical quarrel. The propositions underlying it are not well put, but contain a logical error. These philosophers oppose matter and force to each other in a logical sense, and conclude therefrom that matter and force are really opposites. But facts and experience show that they are in reality opposed to each other only as matter different in degree and form. What is real must be logical too; but not in the sense hitherto taken by the contestants in this question. For force, if anything, is, in reality and truth, potentized matter; and force could not act upon matter if it were not itself similar in kind, only different in degree. Or if any one should take objection to the manner in which Teleologists and Theologists have looked down upon matter from a high moral and dogmatical stand-point, as if it were something low and contemptible, we might just as well construct the whole visible and sensible world out of Forces without Matter, which act upon each other constantly by the

grand principle of Mutuality. In the same manner, then, as we have an infinite series of matter converging or diverging, according to the different stand-points, and comprising all possible gradations from infinitesimality, through finity, towards infinity, so now we may have a corresponding series of force, equally converging or diverging, and equally comprehensive.

There can be no doubt that what are called properties of things are nothing else than the Potencies of these things, which, under suitable conditions and relations, according to the laws of Potentization, enter into changes and produce changes. It would, therefore, be quite philosophical to adopt this further method of notation, because the term Potency aptly designates the thing together with its Potentiality of action, from which it cannot be separated. In this we are justified by the experience of Homœopathy, which has been the first to teach scientifically how to refine palpable substances in such a manner, and to such a degree that none of the known methods of science, except our Therapeia, are delicate enough to show and prove their existence and presence. The animal and human organisms in their living state offer the measure for those fine Potencies elaborated by Homœopathy, which by the change of the symptoms of health into symptoms of disease, and *vice versa,* furnish distinct phenomena accessible to analysis, and consequently allowing a comparison and logical conclusion as to the identity of the substances employed.

The idea that by trituration and succussion the medicinal "spirit" would tear itself from the matter, so that in the higher "attenuations" and grades of the Homœopathic Potencies we harbor, so to speak, only the abstract forces of the original substance, is so monstrous, that one would have to seek in the department of Belief a solution which Science seems to refuse. Whoever is in the habit of training his understanding to the conception of the idea of the infinite and the infinitesimal, just as well as of the finite, finds such a fatal *salto mortale* not to be necessary for Science. The

unprejudiced observer cannot escape the fact, confirmed by every new observation, that there is something constant in the action of the remedies upon the organism,—a certain character of action returning again and again in an infinite variety of forms, which proves that the remedy itself, though appearing differently in different Potencies, is still the same. The change is in the organism alone, not in the remedy. For the organism is an ever-variable quantity, though oscillating within certain necessary limits. If we could command the organism as well as we can the remedies, since Hahnemann's discovery, then this mutual relation would appear to be constant. For if we could oppose equal organisms in equal states to equal Potencies, we could arrive at equal and constant results. But we must take things as we find them, and if we seek certainty, we must, in comparing the symptoms, recognize those which belong to the organism, and not to the Potency, and keep these organismal symptoms separate from the whole pathogenetic picture.

Just as in Astronomy experiments are made in order to learn the capacity for observation of different observers, in regard to their quicker or slower perception of phenomena,—and as for this purpose a quantity of observations are made merely to obtain certainty about that almost unavoidable source of error,—and as the errors accruing therefrom are brought into the calculation (as Personal Equation),—even so in our Provings we must find out the sources of error.

These errors spring mainly from two sources. First, from the difference in the individual capacity of observation, or the Personal Equation of the Homœopathic observer, and secondly from the difference in the capacity of the organism or its Potentiality (Leistungs fætrigkeit)—which is conditioned by Constitution, Aetiology, and Anamnesis, and by transitory influences. By patient investigation of these inevitable sources of error, we may succeed in arriving at a greater and still greater objectivity of the pathopoetic picture, and thus be enabled to recognize every Potency in

its action, with the same certainty that is secured in other scientific processes by employing the proper methods.

Now, if constancy in the action of the remedies be admitted, how is it possible to conceive a separation of force from matter?

It remains then to attribute to the simple fact its full value, viz.: *that every substance is capable of an infinite Potentization, and that the action of every such Potency takes place according to the same laws that govern all other processes in Nature.* The conditions for them are given. They are always: Proportionality, Contrariety, and Infinitesimality—that is in one word: Mutuality of Action. With these conditions, which comprise the limits of all that has been, is, and will be, it is philosophically conceivable, therefore really possible and necessary, that even the finest High Potencies, which are Homœopathy's own, should produce significant and striking actions and results, unavoidably belonging to the essence and reality of the substance from which they are prepared; and that they are philosophical qualities and quantities, as well as real properties, and Potencies, and physical bodies.

CISTUS CANADENSIS.

☞ In the third number will appear a paper on CISTUS CANADENSIS by Dr. C. Hering. Those having any additional materials, either pathogenetic or clinical, relating to this valuable, but little known remedy, are invited to send them at once to Dr. H. for incorporation in this monograph.

OBITUARY.

DOCTOR PAOLA BRENTANO, of Milan, Italy, died suddenly, at Desenzano, on the second day of July, ultimo. Doctor Brentano was editor of the Homœopathic Journal, and was much esteemed and beloved.

ON THE ALTERNATION OF MEDICINES.

BY AD. LIPPE, M. D.

This subject has occupied the profession for some time past, and our attention is again called to it by an article in the Monthly Homœopathic Review, Vol. 9, No. 7, page 430. Considering that this question is one of vital importance, we propose to keep a standing article on the subject in this Journal, until the opposition is silenced, and silenced from the conviction that their conception of the question is erroneous, or from their newly chosen plan of settling questions to their liking by *ignoring* what is said adversely.

In the cure of the sick, we first address ourselves to the symptoms which appear last as the most important guides in the selection of the remedy, and as showing the progressive development of the disease; so, likewise, in trying to cure Homœopathicians of the aforesaid heresy, we take up at first the last article in the Monthly Homœopathic Review of July, 1865. And if no new reasons are advanced in defence of this deplorable perversion of Homœopathy, we will go back to page 278 of the same Review, and to Dr. Quinn's admirable address at the annual assembly of the British Homœopathic Society in June, 1864; later to Dr. Drysdale's previous address on the same subject, and quote what Hahnemann taught on the subject; when the history of this heresy will be finally stated.

The writer* of the article above referred to, says: "In the American Homœopathic Review for February, 1865, is an essay by Dr. Hawley on the Alternation of Remedies, which meets the question in a thoroughly practical spirit." The inference that must naturally be drawn from this introduc-

* The editor's name has not yet appeared, but it can be no other than Mr. Pope who could write in *that* style.

tory remark is, that the American Homœopathic Review by publishing this essay also endorses it. How strange that not a word is said about the very able "*Remarks*" of the editors of said Review. These "*Remarks*" certainly can not have escaped the notice of the reader as they cover double the number of pages of the essay. The editor of the American Homœopathic Review in publishing the essay by Dr. Hawley has been liberal to a fault, and deserves better than to have his remarks "*ignored.*"

The editor says, in his introductory remark, vide Amer. Hom. Review, Vol. V., No. 8, page 341, "We publish with great pleasure articles which, like the above, though they seem to favor a practice which we deprecate, are, nevertheless, honest expressions of the earnest convictions of men of close observation and faithful study."

Could the American editor have shown more courtesy to his contributor? Or could he have more plainly expressed his dissent, than by saying that he *deprecates* such practice?

If the question at issue is to be discussed candidly and openly, why resort to such prevarications? The exposè had to follow speedily, and the candid, observing reader must necessarily conclude that the "*Remarks*" were "*ignored*" at first, because they refuted the essay completely; and, secondly, because they were themselves unanswerable. In controversy the party having truth on its side is always fair and liberal, because it can afford to be so; but, on the other side, the party whose aim is to make the worse appear the better reason, must necessarily resort to unfair means, and so become illiberal. This will not prevent us from exposing error and defending truth.

Dr. Hawley commences his observations with these remarks: "It is the peculiar glory of the Homœopathic system of medicine, that, acknowledging man's inability to trace out or to understand the ultimate processes of nature, it bases itself, not on theories, but, like other natural sciences, on facts as they are observed in the world of man."

This phrase reads very well, but will it bear a critical

examination? The distinction of *fact* and *theory* is only relative. Events and phenomena considered as particulars which may be colligated by induction are *facts*, considered as generalities already obtained by colligation of other *facts*, they are *theories*. The same event or phenomenon is a *fact* or a *theory*, according as it is considered as standing on one or the other side of the inductive bracket.

Theories which are true are facts. Taking the definition of facts as Dr. Hawley understands it, he is correct, and the history of Homœopathy proves him to be so. The first *fact* was undoubtedly Hahnemann's exposition of Cullen's errors in his Cinchona *theory;* the second fact was a proving of Cinchona on the healthy individual; and the third fact was that Cinchona cured *only* such intermittent fever cases as resembled in their characteristic symptoms those caused in the healthy when taking Cinchona. These three facts gave rise to the supposition that the law of cure was dependent on the knowledge of the disease by the characteristic symptoms developed in every individual case; and on a knowledge of the remedy to be applied for the cure of the patient; that knowledge to be obtained by previous provings of the medicine on the healthy. If these facts, then, are true, how can we advocate the administration of Cinchona and Arsenicum in alternation for the cure of intermittent fever, as Dr. Hawley does? Has he ever made a proving of China and Arsenic in alternation? But more of this hereafter. Dr. Hawley continues, "A result of this peculiarity is an entire freedom of criticism and of opinion." Dr. Hawley contends that a system based on facts (theories) gives it freedom of (from?) *criticism* and of (from?) *opinion*.

Criticism is the science of the faculty of pure reason, or the investigation of that which reason, independent of experience, is able to know or effect; and is opposed to dogmatism.

Opinion, vide Edinb. Review, April, 1850, p. 311. It has been proposed to discard from philosophical use these ambiguous expressions, and to divide knowledge, according to

its sources, into matter of *perception* and matter of *inference;* and as a cross division relating to our conviction, into matter of *certainty* and matter of *doubt.* Dr. Hawley continues: "It frees its disciples from all dogmas, and simply asks them to look and see."

That is, a system based on facts frees its disciples from all dogmas.

If, by facts, Dr. Hawley understands phenomena, the phrase has no meaning, as phenomena cannot form the basis of a system; but events and phenomena, considered as particulars which may be colligated by induction, are facts; considered as generalities already obtained by colligation of other facts, they are theories. Dr. Hawley contends for freedom from all "dogmas."

Lord Bacon says: "Philosophers may be divided into two classes, the *empirics* and *dogmatists.* The *empiric,* like the ant, is content to amass, and then consume his provisions. The *dogmatist,* like the spider, spins webs of which the materials are extracted from his own substance, admirable for its delicacy of workmanship, but without solidity or use." If we further generally understand by *dogmatism* both all propounding and all receiving of tenets *merely* from habit, without thought or examination; or, in other words by the authority of others, in short, the very opposite of critical investigation; and if this definition of dogma is correct, I cannot see where or when Homœopathy was ever burdened by it. But if Dr. Hawley wishes for the opposite, *i. e. empiricism,* he cannot be a Homœopathist; neither empiricism nor dogmatism being part of or belonging to Homœopathy. The above phrase might be more correctly stated in this manner. A system based on facts, which have passed criticism and have led to the discovery of unalterable natural laws and principles (upon which Homœopathy was founded) does not free its disciples from the necessity or duty of discussing the facts or the natural laws deducted from them, but does exclude those who claim the name and reject the principles.

Further, Dr. Hawley says: "A system based on facts simply asks its disciples to look and see." Look at what? and see what? Facts? What facts? Facts upon which are based the principles of the system? Or, assertions (observations) to the full number of two, with which we are to controvert the fundamental principles of a system based on thousands of observations, and on the facts established by them?

Dr. Hawley continues, "It takes as its principle, the principle of all true science—*first establish the facts.*" This phrase means, no doubt, that the principle of all true science is to *establish first the facts.*

Dr. Hawley may have intended to say that the foundation of all true art depends on first establishing facts, but the establishing of *facts alone* does not constitute true science. Furthermore Homœopathy is the healing *art.* Science and art differ; *science* is never engaged, as *art* is, in productive application. *Science* is a collection of truths; art a body of rules, or directions for conduct. Science takes cognizance of a *phenomenon* and endeavors to discover its law.

Further, Dr. Hawley says, "These (the facts) once fixed, any *theory* which will perfectly account for them is good." Dr. Hawley will discover by the above definitions that he is in error; and if he were not, the phrase would not be applicable to the case, as he only relates two observations, and they certainly do not constitute fixed facts. What, then, is *his* theory and how does he perfectly account for them to make it good.

The Monthly Hom. Review continues, on page 431. "Dr. Hawley then proceeds to state certain facts which have occurred in his practice, and which have proved to him that the alternation of medicine is not only admissible, but that cases now and then occur which *can only be cured by such alternation.*" The Review *wishes to show,* by admitting the statement of the two observations, that alternation must be resorted to *now* and *then,* and that by such alternation *alone* can a cure be accomplished. But it fails to

do this, as all that the facts in the case show is that Dr. Hawley deviated from the Homœopathic *principle* of simplicity and of the single remedy, and that his patients (two) recovered. Supposing that a physician should state that he treated a case of pneumonia by administering Bismuth, Selenium and Crocus sativus in homœopathic doses, and that his patient growing gradually worse, it was thought *by him* admissible to resort to venesection and Nitrum, would it be good logic in him to proclaim that cases occur which can only be cured by the treatment he was obliged to fall back upon?

Dr. Hawley then proceeds to state certain facts. In the first case he mentions one of phthisis and chronic metritis. He gives no symptoms. He treated this case with Sulphur, Calcarea carb., Silicea, Graphites, &c., but gives no indications for the choice of either remedy. The case did not improve. At length he gave Belladonna and Bryonia in alternation. The *relief* of all the symptoms was prompt, decided and continued. Is this a cure?

In another case, of intermittent fever, in which neither *Arsenicum* nor *China*, given singly, did good, the alternation of the two medicines induced an immediate cure. Dr. Hawley asks, "Now, how shall we dispose of such facts?"

Before facts can be disposed of we must have them; what Dr. Hawley gives us are mere outlines. He must oblige the profession by giving them some insight into this rare case of intermittent fever, and state the symptoms accurately as Homœopathicians are accustomed to do. If he would point out with precision why he could not decide whether to give Arsenicum or China, we might be allowed to draw our conclusions and be enabled to dispose of the case. The choice between Arsenicum and China is so very easy, and their characteristics so well known, that the most vivid imagination cannot picture a case in which both remedies were called for.

Hahnemann, as early as 1825, says, in the preface to China

in the third volume of the Materia Medica Pura, page 119.*

Every medicinal substance which is recommended for the cure of intermittent fever has its own especial effect on the human organism, differing from all other known medicinal substances, according to eternal, unchanging, natural laws. By the will of the Creator it was ordained that each individual medicinal substance should differ as well externally (in appearance, taste and smell) as also still much more in its internal dynamic properties; so that we might be enabled, by this difference in effects, to obtain all possible means of cure in the innumerable and among-themselves-differing cases of disease, etc." On page 147 Hahnemann points out clearly and distinctly the characteristic intermittent fever symptoms of China, vide his foot note, where he says: "The thirst comes only after the chill, there is also no thirst during the hot stage, the thirst is present after the hot stage.

On page 148, Hahnemann continues to enumerate the characteristic Cinchona fever symptoms, which our limited space prevents us from again repeating; we also abstain *for the present* from drawing a parallel between the China and Arsenic fever symptoms; but shall do so by and by when our space will admit. Suffice it to say that they differ so much that we can only call the attention of the reader at first to the thirst accompanying the fever and characterized by Hahnemann under China. Arsenic differs in that particular already so much that this concomitant condition *alone,* draws a distinct line between them. Then, at least, as far as the thirst is concerned, we would require to be enlightened. The Review continues, "We agree with him (Dr. Hawley) that we must accept facts when we meet them, and must adjust our theories to the facts rather than attempt by "special pleading" to dispute the validity of the *cures;* because they have happened under circumstances which shake our preconceived opinions."

It would be well if the Review would answer a few plain

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* Page 30, et seq., Vol. II., Am. Ed. 1846.

questions. Do preconceived opinions form the foundation of Homœopathy?

Do fundamental principles accepted by Homœopathicians allow of any doubt?

Are fundamental principles theories?

Does Homœopathy rest on fundamental principles (natural laws) or on theories?

The British Review further continues: "Those who combat it (*i. e.* alternation) on the ground that it is opposed to the *practice* of HAHNEMANN, fall into grave error. In the introduction to *Belladonna,* in his Materia Medica Pura, he advises the *alternation* of *Aconite* and *Coffea cruda* in purple-rash in these words, Aconite and Coffea should be alternately given every twelve, sixteen, or twenty-four hours in proportion as one or the other remedy is indicated.

The above quotation is overstrained to suit the author and excuse his errors. Can nothing else be found in Hahnemann relating to the single remedy? And if he *is* an authority in *one* sense, why not in *every* sense; why torture him to say what he never intended to say, what he abhorred, detested and denounced? What Hahnemann does say on that occasion can be found in the first volume of his Materia Medica Pura, on the fifteenth page, in a foot note which reads thus: "The red-rash (Roodvonk) is an entirely different disease and requires a different treatment. In this case Belladonna is very naturally of no benefit, and the other off-hand quackery must cause the death of most of the sick, while they might all be cured by the alternate administration of Aconite and the tincture of the crude coffee; the first for the heat, increasing restlessness and agonizing anxiety, the latter for the very acute pains with peevish disposition. The aconite in the thirtieth potency of the juice, and the tincture of the crude coffee in the millionth dilution, both in the smallest portion of a drop as a dose, every twelve, sixteen, or twenty-four hours, the one or the other, *just as the one or the other is indicated.*" Hahnemann published this note in 1830, and it is to be supposed that he never for a moment expected

that any one would be so arrogant as to omit the *characteristic* indications for Aconite and Coffea, and above all torture that note as an evidence that he meant or could mean to sanction the reckless practice of alternating medicines, *a priori*, so entirely opposed to the fundamental principles of Homœopathy, as well as to his general teachings. The Review further says: "*Experience* has proved abundantly that the alternation of remedies increases the rapidity of cure." Where are the statistics? And has it not been admitted by the great lights in Great Britain that the present mode of homœopathic practice is much less successful than the practice of Hahnemann and his first followers?

Experience on this side of the water has proved abundantly that the alternation of remedies decreases the number of cures, and wherever practiced brings Homœopathy into discredit. Furthermore the practice of giving a single remedy in a single prescription has been firmly and permanently established by men who strictly adhered to the teachings of Hahnemann, and *never* alternated *a priori*, not only here but everywhere; and in the same proportion as this practice is properly followed the adherents of Homœopathy increase, and *vice versa*.

The British Review, in concluding these few remarks, directs the attention of the reader to the admirable paper on the "Alternation of Medicines," in the third volume of the annals of the Homœopathic Society, where Dr. Drysdale very *caustically* remarks that "nearly all Homœopathists object to alternating, but they all, without exception, do it in practice under some name or other."

The first portion of the sentence is correct, the second is false in fact. All who alternate *a priori* are *de facto* no Homœopathicians at all; they violate the fundamental principles of the system; I will prove this proposition when I return to Dr. Drysdale's caustic remarks. In our next number we shall first dwell on a more pleasant and instructive theme, the very able, but not caustic address of Dr. Quin on the same subject, before the same Society one year later.

REPORT OF CASES.

BY C. WESSELHOEFT, OF DORCHESTER, MASS.

CASE 1. June 14th, 1864. Mrs. L., thirty-five years old; tall, lean, fair complexioned and blond; applies for relief from the following symptoms: Since one year, troublesome frequency of passing water; *is obliged to do so several times an hour;* urine pale, copious, especially in the morning; leucorrhœa brownish, for one year; appetite very strong; sleeps well at night between the times of passing urine; at times *great thirst;* headache about once a week, *extending through either the right or left eye,* often with nausea and vomiting; hands are often hot; headache extends to the region back of the ear; better after taking some ice; frequent coldness of the extremities; *is much afraid of open air;* great weakness, especially in the afternoon; *great prostration after exercise;* feels stronger in the morning.

Testing the urine by boiling it with Sulphate of copper and Potash (Trommer's test), proves the absence of sugar. It was a case of diabetes simplex.

PRESCRIPTION: *Acid Phosph.*, five doses, one daily.

In this, as in all the following cases, Lehrmann's Potencies (200ths) were used.

June 21st. Patient reports that she is obliged to pass water only half as often as formerly; urine darker; some leucorrhœa, and traces of blood with it.

June 28th. Reports only one-quarter as much urine; almost normal frequency of voiding urine; mental agitation does not produce a desire to pass water as it did before; feels much stronger, and can endure walking without fatigue; very little thirst; leucorrhœa almost gone, only a little moisture appears.

Patient observes that she feels well enough to discontinue

the treatment; which, though reluctantly acceded to, has been followed by more than a year of decidedly improved health, though the patient adheres to her errors of diet, etc.

Case 2. G. W., a girl six years old, has fever, with dry heat, and quick pulse, cough, and dyspnœa. This was for a time relieved by Aconite; but in two days afterwards the following symptoms appeared: Feverish heat and fast pulse; pain in the lumbar region; short, swift breathing; loose cough; much thirst. Auscultation shows faint bronchial breathing in left lower lobe; dry, husky, respiration in left upper lobe; indistinct respiration in right lower lobe; strong resonant respiration in upper right lobe; percussion rather tympanitic on both sides (Pneumonia).

PRESCRIPTION: *Bryonia,* three doses, one every six hours.

March 7th. *Tongue coated* brown; *paleness;* no appetite; costiveness; urine with strong odor, and sediment reddish, cloudy; *quick, dry respiration;* auscultation shows respiration less dry on left, and more vesicular and full on the right side, notwithstanding which apparent improvement of chest symptoms the fever has assumed the typhoidal character; patient lies on her back; fever less in the morning; *dry heat at night;* sleep soporific and restless, with delirium; *drinks often and eagerly, but only one mouthful satisfies her; pulse small, frequent, and weak; rapid loss of strength.*

PRESCRIPTION: *Arsenicum,* three doses, one every six hours.

March 8th. Child slept quite comfortably in the night; very little thirst; movement of bowels after enema; pulse much more quiet; moist skin; febrile periods much shorter during the day.

March 9th. Much better; slept quietly and naturally all night; pulse soft; skin and tongue moist; some loose cough; looks quite bright; chest-symptoms are rapidly improving.

From this time the improvement progressed gradually without another prescription. The patient was quite well at the end of a week.

Case 3. Mr. F., about thirty years old, of rather sensitive organization, and with tendency to derangement of digestion when he varies slightly from his accustomed regular habits, presented himself on March 23d, 1865, with the following symptoms: For six weeks he has had diarrhœa, *particularly in the morning* soon after rising; urgent desire to go to stool; has only about two discharges; seldom more through the day; numbness in back and fingers; appetite good; does not know the color of discharges, but they seem to *be thin and undigested.*

PRESCRIPTION: *Bryonia,* three doses, one daily.

Saw patient again about six weeks afterwards. He says he had no more diarrhœa after the first powder, and has been quite well ever since.

Case 4. May 22d, 8, P.M., was called to see Mrs. —, æt. 84; had broken her leg eight years ago, since which time she was weaker, and could not move about much; this condition was still more aggravated by an attack of paralysis, two years ago, affecting one side of her body. Present condition: Excruciating *cramps and pressure in the stomach since morning,* occurring at short intervals, *with nausea and vomiting;* moderate desire for water; *constipation for some time;* usually quite regular for her age; abdomen hard; extremities cold; pulse small and weak; pain is chiefly confined to the epigastric region, which is sensitive to the touch; headache; notwithstanding all this, her mind is undisturbed and clear, though anxious.

Indigestion was the probable cause of these symptoms. Patient had eaten very heartily of some food she was fond of; inflammation of the stomach was seriously threatened; and, considering the marked prostration and the advanced age of the patient, but little encouragement could be given.

PRESCRIPTION: *Nux vom.* in water, every two hours one teaspoonful.

May 23d. Patient reports that half an hour after taking the medicine for the first time, the pain began to leave her;

she passed a comfortable night; pulse is soft and full; limbs warm; face slightly flushed, but has no headache; in two days more she was as well as usual, and has continued so.

Case 5. Mrs. T., about forty years of age, married, and of carefully regulated habits on account of chronic ovarian and uterine derangement for some years, but of late enjoying tolerably good health, has suffered for three months (previous to June 19th, 1865), from daily attacks of pain in her right ear, *stinging*, and occurring at short intervals through the day, *with pale, yellow and thin discharge* from the ear; cannot sleep at night on account of the pain. (Chronic Otitis.)

PRESCRIPTION: *Pulsat.*, three doses, one daily.

A week later the patient reports that the pain was very severe for a few hours after the first powder, but soon lessened and then disappeared entirely, without relapse.

The preceding cases are copied from the pocket record-book, where they were noted as nearly as possible in the patient's own words, and in the order in which they were related; this must account for the disconnected manner of their arrangement, being, however no obstacle to the right selection of a remedy,

In none of the foregoing cases did all the symptoms correspond to the selected remedy; many pointed to other remedies; and in this respect the author's experience will probably coincide with that of others. The important features of the foregoing cases are that they were promptly relieved after taking the prescribed remedies indicated in each case only by a few and often apparently insignificant symptoms, notwithstanding the fact that other symptoms counter-indicated the remedy employed.

But few men are endowed with memory particularly adapted to the demands of the homœopathic healing art. We have known men who endeavored to master the Latin language by literally learning the dictionary by heart; but we entertain the conviction that such men never would have

been good physicians whatever else they might have achieved. Such a method is certainly calculated to annihilate the last vestiges of life in a language already counted among the dead. A similar course, if recommended to a student of homœopathy, would lead him to consider the provings of our materia medica as dry unpalatable chaff, as indeed many actually regard them. But it appears full of life when we study its language as languages should be studied, *i. e.* by mastering its spirit instead of its vocabulary.

Something can always be remembered of each remedy, that will serve as a nucleus around which many other ideas may cluster. For example, it is easy to remember that arsenic has, among its more important indications, great thirst for cold drinks, but one mouthful satisfies. This symptom leads to arsenic in Case No. 2. Having ascertained this, it was no difficult matter to recognize the bearing of this remedy upon some of the other features of the case. But we must always bear in mind that the highest aim of a physician is to cultivate his powers of observation to that degree, which was possessed by the mind that could single out from a multitude of dazzling facts such an apparently insignificant feature as a leading one for the benefit of his disciples.

The first case reported above offered no obstacles to the selection of the right remedy. Frequent passage of limpid urine in large quantities, pointed so emphatically to phosphoric acid that a further enquiry into the nature of the case might have almost been dispensed with. Yet it is interesting to observe that the presence of one strongly marked feature in this case, not merely pointing out the remedy, but also the nature of the disease, entailed as a necessary sequence the presence of many other symptoms sufficient to constitute a case of diabetes insipidus.

The third case deserves to be called a weak one, and is of little value excepting that it corroborates the efficacy of Bryonia in diarrhœa in the morning; it is pointed out in Jahr's repertory, and, perhaps, might have been printed in italics.

The fourth case has many interesting points, but lacks those specific indications which would have *absolutely* justified the selection of Nux v. Several other remedies might have been selected with equal propriety as Nux. v. the use of which was chiefly justified by the result, if not by its renown as a polychrest.

Case No. 5 was here cited as being suggestive of some remarks upon aggravations. At best it was a hasty prescription upon few general indications, though in the main correct. It should have been ascertained when and under what circumstances the pain in the ear increased, and if it had been discovered that the aggravation took place toward night, compelling the patient to walk her room or seek the fresh air for relief, it would have borne out the value of the remedy employed in a more instructive manner.

Aggravations do not always follow the right remedy. There were none in the other cases; improvement setting in forthwith; here the *potency* was the appropriate one.

Sometimes aggravation appears without any relief afterwards; it is therefore either a sign that the medicine was wrongly selected or in the *wrong potency*, perhaps not high enough.

But where relief followed rapidly after an aggravation, the medicine must have been given in too *low a potency*, and might have done better in a higher one; for it appears that the best cures are those without aggravation, ideally speaking.

But there are also cases where a remedy produces neither aggravation nor improvement, and still was properly selected, as far as leading symptoms were concerned, to the best of our knowledge. We have cases of this kind on record, which were relieved and cured by lower potencies when the inefficient dose or doses were of the higher attenuations. (30th or 200th.)

EXTRACT FROM A LETTER FROM

F. MÜLLER, M. D., MONTREAL.

"HOMŒOPATHIC physicians who still doubt the efficacy of Lachesis, can only do so because they administered this remedy in cases in which it did not correspond with the symptoms, and, therefore, could not produce the desired effect; or (and which is probably the principal reason) their preparation of Lachesis was not good.

"I would again repeat here what I have said in the fifth volume of the Vierteljahrschrift, page 431.

"I communicate to you one of the most brilliant cures I ever accomplished with Lachesis. You remember Miss P——, at Carlisle. In consequence of her weak lungs she had lived in the South, and while here she suffered from pleurisy, for which I treated her. Aconite, Bryonia, etc., she had herself taken, when I was sent for at midnight, her sisters thinking her in a dying condition. I found her in bed, her face purple, the whole body felt cold, she was covered with a cold, clammy perspiration, she was scarcely able to breathe, pulse small and very rapid, all the symptoms indicating an exudation extending over a large surface of the lungs. Guided by the symptoms, I prescribed Lachesis 30, dissolved in water. An amelioration was produced by the first dose; the cold perspiration became warm, and in the course of three days she enjoyed her usual health.

In diphtheria, although I have seen very decided good effects from Lachesis 30 and 200, I have found Arsenic 30 and 200 the most reliable remedy. In angina gangrenosa I have found Lachesis often indicated. In diphtheria, after Belladonna, or when the patient complained from the beginning of great debility, or where the membrane assumed at once a dirty grayish color, Apis was most prominent and more often indicated in this country, which I generally gave

in the 3d potency dissolved in water, and then completed the cure with the 30th or 200th potency. It was almost a specific remedy, the cases excluded were those which required Lachesis. Mercurius jodatus, the usual routine remedy of the so-called Homœpathician, I have dropped, because I could see no effect from it in the first two cases of diphtheria which I was called upon to treat, and because I found good results from the other remedies chosen according to their homœopathic similarity.

"In a case of albuminuria, after scarlet fever, the urine containing small black spots, (sediment,) with dropsy, I gave Apis Melifica without good results, but Lachesis cured the case.

"Apis has proved itself to be not only the remedy in diphtheria, but also in the diseases consequent on it. Mrs. ——, the wife of a clergyman living in the country, had, some years ago, an attack of diphtheria, was again attacked with a sore throat soon after delivery; the infant, which died before the physician,—who lived sixteen miles distant,—could be summoned, was also attacked in the same manner. The physician pronounced her case and that of the infant's 'diphtheria.' After her throat symptoms were relieved she came to Montreal. She complained of great debility, sensation of weakness, especially in the larynx, worse after speaking; sensation of weakness and debility in the lower extremities. Calc. carb. 30, somewhat relieved her condition, but not as much as I had anticipated. She became worse, and it is known that six of her friends who had visited her during her sickness after her confinement, were taken down with diphtheria. Her hands and feet, and later her legs, became numb; she had scarcely any sensation in them, and finally became perfectly paralyzed; having no use of her arms and legs, she could no longer move them. This paralysis appeared to me to be the sequela of diphtheria, especially as during the great diphtheria epidemic in North Germany in 1861 and 1862, many cases ended in paralysis, which only after a long time yielded to treatment (under allopathic treatment). The

symptoms corresponding with those of Apis, I gave her first the 30th, later the 200th potency, to be dissolved and taken in water. The paralysis gradually improved, but much quicker than it developed itself.

"I communicate the cure of another case with Apis mel., which shows its influence on the spine. A lady teacher not living in town, nor able to reach the city during the time that the formation of ice in the St. Lawrence river prevented the ferry boats from crossing, was attacked with inflammation of the spine; she took, guided by such books as she had, Aconite, Belladonna, etc., without any good results. I saw her after she had been sick for two weeks, and then the disease had assumed a chronic character. Notwithstanding the remedies I administered, the disease progressed, and finally the extremities became paralyzed, she became very much emaciated, she vomited after almost every meal, she had hectic fever; this fever returned more violently *every other afternoon;* between three and four or four and five o'clock, she became cold and chilly; this slight chill was followed by heat, and at or after midnight she began to perspire: towards morning she fell asleep: the next day she felt better and had but slight fever in the afternoon, but on the following day the chill and fever returned. After carefully comparing the symptoms, I ordered her Apis 200, dissolved in water, a teaspoonful to be taken morning and evening: and behold! the fever symptoms ceased first, she gradually became stronger, and finally the paralysis ceased. Two months later she was able to walk some miles. Since last spring, when she took Apis 200, she has not been in need of any other medicine, and her health is better than it ever was before."

TROMBIDIUM MUS. DOM.

A drawing of the Trombidium Mus. Dom., (a wood-cut) taken from its appearance under the microscope, will be given in a future number, as soon as it can be prepared.

ERRATUM.

BY C. HERING, M. D.

Hahnemann's Organon, Fourth Am. Edition, page 4, line 17, from above, instead of *rule* read *rules.* Every owner of this fourth edition in the United States or the United Kingdom is urgently requested to make this correction.

I will prove here the necessity of this correction, and the superficiality of reading *rule* instead of *rules.*

In the Monthly Hom. Rev. Vol. 8, p. 7, Alfred C. Pope, Esq., in a paper, entitled "Who is a Homœopathist?" quoted a passage not from a preface as he calls it, but from "Some remarks for the fourth edition." "What important influence can it exert whether a Homœopath adopt the THEORETICAL OPINIONS of Hahnemann, or not, so long as he holds fast the practical *rule* (as it is printed, *rules* as it ought to be) of the master and the Materia Medica of our school?"

Dr. A. Lippe answered the question in the American Review, June, 1864, reprinted in the Monthly Review, July 1, 1864, page 419, and quotes the same passage page 420, and of course as it ought to be.

A. C. Pope writes a "reply," accusing Dr. Lippe of misquoting the above passage. "Dr. H. writes of "the practical rule of the master." Dr. L. makes this "practical rules," a widely different affair! Hg. here obviously alludes to the law Similia Similibus, and to the law only."

If A. C. Pope calls it "a widely different affair," he is perfectly right; but if in making it "obvious" it alluded to the "law," he is more than obviously wrong. A law and a rule are likewise "widely different." To call what is declared to be the law of similarity, at the same time "the *practical* rule," would be absurd; and to call it so in contradistinction to "the theoretical opinions," would be still more absurd. Besides that in page 3, line 10 from below, it is already called "the great law of cure," and the word "rule" is used again, page

4, line 14, from below, in particular where it cannot mean "the great law." To read it with the meaning that A. C. Pope considers obvious, would destroy the main idea of the "Remarks," as well as of the whole preface to the first edition.

This "Preface" as it is named in print, was in the original German, called "Hints to form a just opinion about Hahnemann's Organon;" compare Stapf, Archives, XVI., 3, p. 87—93. Here the contents of the Organon are separately classified, viz.:

1. *Discoveries:* resting on experiments. Where the "law" is mentioned the only time.

2. *Directions:* as the translator has rendered the German, Anweisung, which is the same as rules.

3. *Illustrations:* in German, Erklærungen or theories.

4. *Defences:* Vertheidigungen or polemics.

Hence it is obvious that in counterpoise to the theories, it could not and should not read otherwise than the practical *rules* or the directions how to heal the sick.

This is what was to be proved. And it answers at the same time the questions printed since in the same Monthly Homœo. Review, Dec. 1, 1864, page 786—787.

"If, when Hering writes of 'The practical rule of the Master,' he does not mean the law of cure, what practical rule does he refer to? If the word *rule* is to mean only the manner in which a law is applied, Hering does not seem to have been aware of its interpretation. Dr. Lippe thinks, or rather he says, he ought to have written *Rules,* but that, after all, is Dr. Lippe's opinion and not Dr. Hering's. To show that Hering here refers to the *Law* when he uses the word *Rule,* he couples it with "our Materia Medica;" regarding the two as Homœopathy. In an earlier part of the same essay he writes of the law, the Materia Medica, and the single medicine, as characteristics of homœopathic practitioners. Of course, Hering was wrong, Dr. Lippe would say, in taking so narrow a view! But *it is* his view, and in my opinion the correct one."

The reader will see that *it is not* my view, and I wish every one to know it never could have been my view; more, it is an entire impossibility that it ever could have been my opinion, since I studied logic fifty years ago.

*PROVING OF THE TROMBIDIUM MUSCÆ DOMESTICÆ.

BY JOSEPH P. HARVEY, M. D.

THIS insect is a parasite found either singly or in groups, clinging beneath the roots of the wings of the common house-fly. It is of a bright red color, very nearly circular, being about one-fifth of a line in length, and one-sixth in breadth, and travels quite rapidly when detached from the fly.

The specimens taken for the proving, were collected in Frankford, Philadelphia, in September, 1864. About one hundred and fifty were put into fifty drops of alcohol, coloring it quite a brilliant orange in the course of two or three days.

Monday, December 5th. At eleven, P. M., took two drops of 3rd, decimal dilution.

December 6th. Two and a-half, P. M., tearing pain in lower part of left thigh. Three, P. M., pain in the abdomen as from incarcerated flatulence. Nine and a-half, P. M., dull, heavy, sometimes sharp pains in the temples, extending over the frontal regions, felt more severely on left side. Was unusually talkative during the day.

December 7th. Forenoon, dull aching pain in the region of the liver, just under the free ends of the floating ribs—aggravated by pressure. Dull pain in the abdomen, aggravated by pressure. Almost constant inclination to gape. Mucus discharge from anterior nares, worse while eating dinner. Three and a-half P. M., shooting pain in right ear.

December 8th. Seven, A. M., intolerable itching of the scalp, especially the vertex and occiput. Slight hacking cough from irritation in the throat. Nine A. M., flying sharp pain in the right thigh; lachrymation in the open air; soft

* The original preparations of this drug may be had of A. J. TAFEL, No. 48 North Ninth Street, Philadelphia.

pappy stool, (had been rather costive for some days). Ten P. M., dull pain in left side of the head, aggravated by shaking the head and walking.

December 9th. Ten A. M., darting pain in the abdomen, more in right side above the hip. One P. M., tearing pain in tarsus of left foot. Nine P. M., intolerable itching in the inner canthus of the right eye. Ten P. M., the entire abdomen much distended with flatulence. Eleven P. M., took two drops of 6th, decimal dilution.

December 10th. Seven A. M., sharp pain in the lower part of left chest. 3 P. M., shooting pains in right ear. Twelve P. M., dull pain in the left ankle, inner part, made sharp by bearing weight on it. Tympanitic distension of the abdomen.

December 11th. Eleven, A. M., shooting pain in the right side of the head, near the parietal eminence. Evening, sore, dull, aching pain in the region of the liver, just beneath the free ends of the floating ribs—place very sensitive to the touch; lewd dreams during the night.

December 12th. Wakeful and restless after four, A. M. Seven, A. M., brown diarrhœic stool, with some tenesmus, preceded by pain in the abdomen—pain griping. Seven and a-half, A. M., shooting pains in left chest in the region of the heart. Eight and a-half, A. M., another diarrhœic stool with severe tenesmus and slight prolapsus ani.

December 13th. Seven, A. M., cutting pain in the right side of chest on the right of the lower part of the sternum. Twelve, M., dull pain in the bones of the left forearm.

December 14th. Dull shooting pain in the left heel, inner side.

December 15th. Eleven, P. M., took two drops of the 9th centesimal dilution.

December 16th. Nine, A. M., diarrhœic stool, with some straining and expulsion of flatus. Forenoon, dull heavy pain over the whole abdomen, aggravated by drinking cold water; shooting pain in phalangeal joints of third finger, and at same time in left knee-joint; pain in pit of stomach, (dull griping), which together with the abdominal pain, was

aggravated by eating dinner. Three P. M., shooting pains in outer side of right metatarsus.

December 17th. Natural stool after breakfast; during the forenoon a dull feeling through the head. Eleven, A. M., same dull pain in the abdomen, worse by pressure; pain in region of the liver, just under the free ends of the floating ribs. One and a-half, P. M., sudden griping pain in the abdomen, more on the left side, which induced a stool which was passed quickly, but afterwards had considerable tenesmus with slight prolapsus, followed by a pain, lasting for several minutes, as if excoriated; this stool relieved the pain only temporarily, as it returned in a few minutes with such violence as to force the perspiration from all parts of the body; after a few minutes it gradually abated in violence until it became bearable. The pain was aggravated by eating dinner, to the same extent as before, causing another stool, followed by the most severe tenesmus I have ever experienced—the stool was composed of soft brown fæces mixed with mucus; there was prolapsus also; felt weak after this evacuation, especially in the knees; the pain soon ceased; dull toothache all the evening, in a decayed tooth of the left side; shooting pains in the right ear.

December 18th. Nine, A. M., slight intermitting pains in the right knee-joint. Twelve, M., pains in right wrist-joint, at first shooting and intermittent, afterwards constant, lasting a few minutes; no stool at all to-day.

December 19th, Forenoon, shooting pains in the right shoulder. Three, P. M., shooting pains in right ankle; slight pain in the abdomen, which was relieved by a diarrhœic stool. Ten, P. M., darting pain in the liver; took no more medicine for a fortnight, but during this time, was occasionally troubled with the same kind of diarrhœa as had been experienced ever since the second dose was taken, and which so increased in violence that it became necessary to take something to act as an antidote,—*Mercurius Corrosivus* answered this purpose most admirably.

January 3rd. Eleven, P. M., took two drops of the 12th centesimal dilution.

January 4th. Four, P. M., dull pain in the region of the heart, rendered sharp by drawing a long breath. Six, P. M., shooting pains in the left tarsal bones. Eleven, P. M., dull pain in decayed tooth of left side.

January 5th. Seven, A. M., awoke with pain in the left mastoid region; talkative during the day, and disposed to be contrary; constant disposition to gape through the day. Eleven, P. M., dull intermittent pain in left forearm, afterwards, same shooting pains that seem to be characteristic of the remedy.

January 6th. On rising, the nasal passages were much obstructed, but in the afternoon and evening, fluent coryza, especially while eating and in the open air. Eight and a-half, A. M., shooting pains in phalangeal joints of second finger of left land.

January 7th. Forenoon, dull, but occasionally severe shooting pains in right ear, aggravated by swallowing or blowing the nose; slight soreness in the right side of the throat; shooting pains in left heel and left wrist. Two, P. M., severe shooting pains in right shoulder-joint. Three, P. M., shooting pains in right side of the head, just above the temporal region.

January 8th. Severe shocks in left shoulder-joint every few minutes, lasting the entire afternoon.

January 9th. Same shooting shocks in the left shoulder-joint, lasting through the forenoon; all day, dull pain in region of the liver, under the free ends of the floating ribs,—sore to pressure.

January 10th. Eleven, P. M., took three drops of the 18th centesimal dilution.

January 11th. Shooting pains in elbows, wrists, and finger-joints at different times all the forenoon.

January 12th. Immediately after rising, was seized with a griping pain in the abdomen, obliging a stool which was diarrhœic, of a brownish color, and which relieved the pain

until after breakfast, when it returned with greater violence and induced a second stool accompanied with severe tenesmus causing prolapsus ani, and followed by a burning sensation about the anus, which lasted about an hour. Afternoon, constant inclination to gape. (Nine, A. M., pulse full and quick, and beating one hundred per minute—usually seventy; at eleven o'clock it had returned to its normal condition; during all this time felt a throbbing all over the chest.) Evening, congestion to the head with red face and ears; there was quite a burning sensation in the pinna of both ears, felt more especially in the right.

January 13th. Forenoon, frequent shooting pains in the elbow, wrist, and finger-joints of the right side; frequently occurring pain in left fore-arm of a dull nature. Afternoon, shooting pains in both ears, occurring quite frequently, and felt more severely in right one.

January 14th. Boring pain in right tibia during the forenoon; severe shooting pains in right ear, frequently during the day and evening.

January 15th. A stinging pain in the palmar surface of right thumb, ungual phalanx.

January 16th. Seven, A. M., awoke with a toothache in a decayed tooth of left side—pain dull, which having abated somewhat, was renewed by eating breakfast, and continued until noon; dull pain in left hip-joint, felt only after rising from a sitting posture and attempting to walk, and which produced a limping gait. This pain was felt every time an attempt to walk was made, during several hours; it usually wore off each time after taking a few steps. Fluent coryza brought on in the open air, and by eating, (*all through the proving.*) It gave place in the evening to a dryness and scabs in the nose. Four, P. M., a sharp stinging pain at a single small spot on the inner side of the dorsum of wrist, lasting about a minute; eructations after meals, tasting of the ingesta. Evening, pimples on the back of the neck; itching sensation about the neck and on the chin, among the whiskers.

January 17th. Itching in both ears soon after rising; eructations tasting of the ingesta, lasting an hour after each meal. Eleven, P. M., abdomen distended with flatulence, causing slight colicky pains; same dull pain that had been felt after each inhibition, in the region of the liver.

January 18th. Shooting pains in different joints during the day.

January 19th. Ten, A. M., diarrhœic stool, light brown in color, preceded and followed by a dull pain in the abdomen. Two, P. M., another stool of same nature as above, and accompanied by the same abdominal pain, and voided with much straining. Afternoon and evening, shooting pains in the joints of the upper and lower extremities.

January 20th–21st. Shooting pains (slight) in the different joints.

January 22d. A severe dull pain in a decayed tooth of left side, brought on during the evening, by reading aloud for an hour, and which prevented sleep almost the entire night. It continued on during the next dry, until evening, when a dose of Staphysagria, two hundred, relieved it. It was aggravated by lying down, by eating, talking, and from cold air; ameliorated by taking some warm drink into the mouth. The 30th attenuation was intended to be taken, but owing to the inhibition of the above antidote it was not, as the symptoms of the two would undoubtedly have been mixed together, and hence have been of no value.

PROVING BY Dr. EDWIN HEATH.

January 4th. Took two drops of the 9th centesimal attenuation.

Symptoms as they occurred on the 5th and 6th of January. Oppressive headache; lightness of the head; dizziness of the head from lightness—it felt as if there was no weight in the head; heaviness of all the limbs; itching in spots on the chin and among the whiskers; inability to keep quiet; loss

of memory; inability to collect ideas; absence of ideas; violent shooting pains in the abdomen, beginning in the left side, in the hypogastric region; pulse intermittent; felt better in the open air.

PROVING BY J. F. R.

January 8th. Three, P. M., took two drops of the 9th centesimal attenuation. Eight, P. M., sleepiness and hoarseness; restless during sleep; chilliness felt during the night, more in the morning on waking; two days after, vomited after breakfast---thought it was from drinking coffee.

PROVING BY E. K BANCROFT.

January 27th. Took two powders of the 30th centesimal attenuation.

February 2nd. Awoke early in the morning, (about five, A. M.,) with severe sore pain in the abdomen and urging to stool; passed a quantity of loose fæces; felt chilly along the spine. On attempting to rise from bed, felt dizzy and faint, and had to throw myself back on the bed to prevent fainting. During the day, had several small loose stools, always preceded by terrible sore pain in the intestines, and attended with tenesmus and shivering along the back. During the day, whenever an attempt to rise was made, was obliged to lie down instantly, to prevent fainting. In the afternoon, had fever, with pulsation of the arteries of the head, and dull aching in the occiput, and with this, an aching pain in the small of the back.

February 3rd. Awoke about the same time as on the preceding day, with the same pain and urging to stool. Several stools during the day, most of which were small and consisted of mucus, and attended with severe tenesmus; no headache, but great weakness; able to walk about some, but easily tired; rheumatic pain in left knee; no appetite;

eating seemed to bring on the pain in the abdomen, and desire for stool.

February 4th. Awoke at the same time with same pain, and had several stools during the day of the same character as before; had rheumatic aching pain in left shoulder, also the left knee; had a stitching pain, for several times, upward along left side of anus; nose bleed in the morning; tongue heavily coated with white coating.

February 5th. Pain and urging to stool early in the morning; had several mucus stools during the day; darting rheumatic pains in region of the heart; nose bleed in the afternoon; pain in the left shoulder; aching down the left forearm.

February 6th. Diarrhœa continued, (but better,) also the weakness; same time in morning, rheumatic pains in left shoulder, arm, knee, and in the region of the heart.

February 7th. Diarrhœa better, having taken Mercurius. Redness of internal portion of the conjunctiva, similar to a PTERYGIUM.

All through the proving felt better in the evening.

This newly proved remedy is hereby introduced and may shortly find a becoming place in our increasing Materia Medica. And while but few provings have been made, the recurrence of some pointed groups of symptoms, and the confirmation of them by another prover, may lead to the reports of cures before long. It will be a very easy matter for the Homœopathician to arrange these symptoms, as they are few. We call the attention to the probable applicability of the Trombidium in certain forms of dysentery, in some cases of liver diseases, and in rheumatism.

The form of dysentery for which it may become a curative agent, is well characterized by the proving. The disease begins early in the morning, the discharges consist of thin brown substances; later it is mixed with mucus, and finally consisting of mucus. The pain preceding the discharge is more in the left side of the abdomen, and causes perspiration; the discharge creates tenesmus, from it prolapsus ani,

followed by burning in the anus. The pain and discharges are accompanied by chills in the back and great debility. The pain in the abdomen and the discharges are renewed and aggravated by eating and drinking.

This is entirely a characteristic indication, not to be found in this combination under any other remedy. The more similar remedies are: Sulph., which corresponds with the time of the day, with the character of the stool, and with the concomitant symptoms, but has less of chill during the passage, and no renewal or aggravation of the pains or discharges after eating and drinking. Mercurius corr. is only so far similar as it has also the chill during stool, the violent tenesmus and burning in the anus, but it has quite a different discharge—mucus with blood; its aggravation is not in the morning, but at night. Podophyllum has the prolapsus ani, but no burning; has the time of day and aggravation of pains and stools after eating and drinking, but its discharge consists of green mucus. There are no similarities with Coloc., which characterizes itself in dysentery by those violent cutting pains in the abdomen, compelling one to draw up the knees; and none with Nux vom., with its characteristic frequent discharges of bloody mucus; nor with Arsenic, with its offensive smelling (putrid evacuations); nor with Capsicum, with its accompanying strangury.

We call the attention of the reader to the following symptoms of two provers.

Dr. Harvey experienced on the third day after taking the 6th potency, at seven A. M., a brown diarrhœic stool with some tenesmus, preceded by pain in the abdomen. At eight and a half A. M., another diarrhœic stool with some tenesmus and slight prolapus ani.

On the first day after taking the 9th potency, at nine A. M., a diarrhœic stool with some straining and expulsion of flatus.

On the second day, at one and a half P. M., sudden griping pain, more on the *left* side, which induced a stool which was passed quickly, but afterwards had considerable tenesmus with slight prolapsus, followed by a pain lasting for several

minutes, as if excoriated; this stool relieved the pain only temporarily, as it returned in a few minutes with such violence as to force the perspiration from all parts of the body. The pain was aggravated by eating dinner to the same extent as before, causing the most severe tenesmus I have ever experienced. The stool was composed of soft brown fæces, *mixed with mucus.* There was prolapsus also. Antidoted by Mer. Corr.

On the third day after taking the 18th potency, on the 12th of January, immediately after rising, was seized with a griping pain in the abdomen, obliging a stool, which was diarrhœic, of a brownish color, and which relieved the pain until after breakfast, when it returned with greater violence, and induced a second stool, accompanied by severe tenesmus, causing prolapsus ani, and followed by a burning sensation about the anus, which lasted about an hour.

Dr. Bancroft, on the sixth day after taking the 30th potency, awoke at five A. M., with severe sore pain and urging to stool; passed a quantity of loose fæces; felt chilly along the spine. On attempting to rise from bed, felt dizzy and faint; had to throw himself back on the bed to prevent fainting. Stools with tenesmus and shivering in the back.

On the seventh day a repetition of the same symptoms, only that the stools of mucus were attended with *severe* tenesmus; also complaining of rheumatic pains in the left knee.

On the eighth day a repetition of symptoms, which he antidoted by Mer. corros. He was worse in the morning throughout the proving.

The pressure, soreness and stitches experienced by Dr. Harvey throughout the proving, and recorded six times, point to the Trombidium as applicable in some diseased conditions of the liver, further to be characterized by repeated proving and clinical experience.

The shooting pains in all the joints, but especially first in the right, and the following day in the left shoulder joint, show its applicability in some forms of rheumatism, similar to those of Ledum.

A. L.

MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

First day—Morning Session, held at Melodeon Hall.

The organization was called to order by Dr. E. C. Witherill, and the roll call dispensed with.

The body then went into the election of officers for the ensuing year. The voting was by ballot and resulted as follows:

President—Dr. S. S. Guy, Brooklyn, N. Y.

Vice President.—Dr. I. T. Talbot, Boston, Mass.

General Secretary.—Dr. G. D. Beebe, Chicago, Ill.

Provisional Secretary.—Dr. W. T. Helmuth, St. Louis, Mo.

Treasurer.—Dr. D. S. Smith, Chicago, Ill.

Board of Censors.—G. W. Swazy, M. D., E. C. Witherill, M. D., J. P. Dake, M. D., C. Ehrmann, M. D., W. W. Rodman, M. D.

The President then read that section of the Constitution in reference to the election of members.

The Treasurer's report was handed in, and was audited by C. A. Dake, M. D., G. W. Bigler, M. D., E. B. Thomas, M. D., Wm. T. Helmuth, M. D., Benj. Ehrmann, M. D.

It was found that there was, at the last meeting on hand, $513.21; expenditures, $499.05; balance, $14.16.

On motion of Dr. J. P. Dake, the report was received and the committee discharged.

Under the head of Unfinished Business, the reports of Committees appointed to report at the last meeting was called. The following were the Committees on scientific subjects:

Whooping Cough.—C. Neidhard, Philadelphia.

Tabes Mesenterica.—R. Ludlow, Chicago.

Uterine Hemorrhage.—P. P. Wells, Brooklyn.

Characteristic Symptoms of Medicine.—C. Hering, M. D.

Intermittent Fever.—W. Williams, M. D.

Homœopathic Repertories.—C. Dunham, M. D.

Dr. Beakley reported that C. Dunham's health prevented his being present.

Diabetes.—W. E. Payne, M. D., Bath, Me. This Committee was continued.

Homœopathic Notation.—B. Finke; reported last year.

Diphtheria.—H. D. Paine, M. D., Albany.

Determination of Medical Truths.—W. A. Reed, M. D.

Pareira Brava.—S. M. Cate, M. D., Salem, Mass.

Auscultation and Percussion.—I. T. Talbot, M. D.

Ulceration of Mucous Membrane.—R. Gardner, M. D.

Relations of Pathology to Therapeutics.—D. Holt, M. D., Lowell, Mass.

Parasites in Disease.—G. Shipman, M. D., Chicago.
Xanthoxylon, Prickly Ash.—L. Kenyon, Buffalo.
Use of Microscope.—S. R. Beckweth.
Mechanical Supports in Treatment of Disease.—J. M. Ward, Newark.

On motion of Dr. SMITH, it was resolved to lay the reports on the table until the afternoon session.

A communication was then read by Secretary BEEBE from W. JAMES, enclosing report of the Homœopathic Infirmary and the "Northern Home for Friendless Children," in Philadelphia.

Dr. HELMUTH, a delegate from the Western Institute of Homœopathy, reported. He stated that this body was in full and successful operation, and that especial attention has been directed to the trials of indigenous medicines, and also to anatomy and surgery. He urged upon the whole body an increased energy, and found fault with those committees who had not reported. He stated that the next meeting would be held in Cleveland, on the fourth Wednesday in May, and extended to the members a cordial invitation to be present at their next meeting, when papers of the greatest interest are to be read; and he most sincerely hoped there would be an interchange of thought, and that every member who could would be present on that occasion.

Mr. I. T. TALBOT then rose. For the purpose of enlarging the influence and usefulness of the American Institute, it is proposed to establish three bureaus:

1st. On homœopathic materia medica, pharmacy and provings, which shall publish in a separate volume such provings of medicines as may from time to time be made.

2d. On clinical medicine and zymoses, giving statistics and observations regarding epidemic or endemic diseases.

3d. On homœopathic organization, registration and statistics, which shall keep a register of all homœopathic physicians, or those who claim to be such in the United States, distinguishing those who are members of the American Institute or of State or local societies; prepare a list of all State and local societies, hospitals, dispensaries, journals, and any statistics regarding homœopathy, its status and progress.

These bureaus should report progress to the members, through the General Secretary, every six months.

With this arrangement the Institute need not meet oftener than triennially at some central point, and should then be a representative body with delegates from all Homœopathic associations and institutions.

Dr. SMITH, of Chicago, did not wish to detract from the interest of the old society, and he wished it still to be the parent institution of the country.

Dr. SWAZY then reported that the Board of Censors were ready to make a partial report. While this was going on the President read the Declaration of Principles to the new members.

Dr. O. D. HAMILTON, a delegate from the New York State Society, was announced, and was offered a seat in the Institute.

The following gentlemen were then elected:

Drs. James Blackley, James G. Hunt, Charles Woodhouse, F. H. Krebbs, F. E. Boerike, R. R. Lynde, W. Webster, A. Shepherd, D. H. Beckwith, Wm. Owens, Chas. Cropper, H. N. Hall, J. R. Haynes, C. C. Bronson, J. Q. A. Coffeen, E. Knirpke, J. Harpell, A. H. Ehrmann, G. S. Blackburn, Jas. M. Fuller, W. B. Garside, Dr. Jas. Bunstable, S. S. Caldwell, D. W. Sturm, T. P. Wilson. D. W. Hartshorn.

A Committee on Reorganization was then appointed, and consisted of I. T. TALBOT, Boston; J. P. DAKE, Pittsburg; E. C. WITHERILL, Cincinnati; WM. T. HELMUTH, St. Louis; D. SMITH, Chicago.

It was then resolved that the Treasurer be instructed to collect no dues for the years when the Institute was *not* in session.

Dr. PULTE, moved that delegates from German Societies be received.

Dr. GARSTORF, President of German Homœopathic Society, was present and made some remarks.

AFTERNOON SESSION.

On motion,

Resolved, That a committee be appointed to correct the list of members as far as possible.

The following were appointed:

Drs. I. T. TALBOT, Boston; W. W. RODMANN, Connecticut; J. BEAKLEY, New York; J. P. DAKE, Pennsylvania; CHAS. CROPPER, Ohio: D. S. SMITH, Illinois; F. WOODRUFF, Michigan; W. T. HELMUTH, Missouri.

On motion of J. P. DAKE, the above committee also was requested to discover what members were deceased, and to make obituary notice of the same.

Dr. S. P. WILSON announced the presence of the delegates of Illinois, Dr. E. M. HALE, M. D.; D. BEEBE, M. D.; E. KNEIPCKE, M. D.

D. S. SMITH, Treasurer, announced that those members who have not paid their annual fees should now do so.

Report on Whooping Cough, by NEIDHARD, was then read. He had nothing new to report. Mephitis from 1st to 6th, prescribed in the commencement of the disease, the faithful employment of the medicine for three to fourteen days, and when complications are present the remedies will not cure. Sulphur is a common remedy.

On motion of Dr. BEAKLEY, report received and Committee discharged.

Dr. LUDLAM was called on for a paper on *Tubes Mesenterica*. He reported favorably and Committee continued.

Dr. SWAZY reported favorably on Dr. O. D. Hamilton York, Livingston, New York; Dr. Charles Sumner, Rochester, New York; Dr. Pusey Wilson, Philadelphia, Pennsylvania; Dr. E. M. Hale, Chicago.

Secretary then read a report from Dr. M. E. Payne on *Sapeniana officinalis*. The reading of this paper was interrupted by Dr. Witherill, who stated that Mr. Bartlett, of Cincinnati, desired the Homœopathic Institute to test the wine, which he has endeavored to make pure wine, and wished the profession to taste the same.

Dr. WILSON has not the slightest confidence in the proving of medicines made with the High Potencies.

Dr. HELMUTH said that he merely wished to state what was his experience in the uses of the *saponaria*. It appeared to him to act very beneficially in many cases, particularly with other medicines, and more especially with the iodide of potassium. With reference to the proving of medicine with large doses, he believed that there were certain medicines, particularly those that were taken by the people in large doses, that require to be proved with doses sufficient to produce symptoms, while it is well known that certain medicinal powers are developed from certain substances (mercury for instance) by triturations. The allopaths know this. If they wish to produce the entire effect of a drug, they administer small doses given frequently.

Dr. DAKE always proved medicines in high and low potencies, because, as Dr. Helmuth had remarked, there are certain medicines which are entirely inert in crude matter, whose curative virtues are developed by potentizing drugs.

Dr. HALE—Hahnemann recommended that some medicines may be proved in tea in massive doses to obtain a true pathogenesis.

Dr. TALBOT—I can see no objection. He is very well aware that some of the high attenuations do possess a certain influence over the healthy body. He therefore fully agreed with Dr. Payne.

The paper was referred to the Publishing Committee.

Report of the Connecticut State Homœopathic Medical Society was read, and report accepted and handed to the Committee on Publication.

Report of the Massachusetts Homœopathic Medical Society, was then read by Dr. Talbot.

A long discussion then ensued on homœopathic pharmacy.

Dr. BEEBE denounced the pharmacy of Chicago as unreliable, and was seconded by Dr. D. S. Smith.

Dr. LUDLAM then rose to protect the Chicago pharmacy. The matters became somewhat personal, and the gentlemen were called to order.

Dr. SWAZY then made some remarks on the imperfection of the preparations of many homœopathic pharmacies.

Dr. GUY also stated that oftentimes the physician was grossly deceived, and was glad to see the stand matters had taken, and wanted the pharmacies to be purified.

Dr. HALE also spoke of the presence of fusil oil in many specimens of alcohol.

Dr. TALBOT then spoke on the same subject.

Dr. BECKWITH stated that very often the imperfection of a pharmacy is occasioned because the physician will not pay the price for the medicine.

Dr. WOODRUFF stated that he had often had cause to doubt the Chicago pharmacy; that instead of a trituration of mercury he received simple granulated sugar of milk.

The subject was then laid upon the table.

Dr. DAKE then offered the following resolution:

Resolved, That while the especial object of our society pertains to the health of mankind we cannot quietly meet again for the transaction of our usual business, without expressing our satisfaction and thankfulness to Almighty God for the suppression of the late rebellion and the restoration of peace, with the prospect of a yet nobler and greater prosperity than before enjoyed.

Dr. DAKE then read a paper from Dr. Verdi, of Washington, and on motion of Dr. Helmuth, the paper was referred as usual.

The report of the Homœopathic Infirmary of Philadelphia, was then read by Dr. Beebe.

A lecture was delivered on Wednesday evening by Dr. Rodman of New Haven, Conn., on "Our Position, and the Duties resulting therefrom." The lecture was an exceedingly able and eloquent production, had been prepared with much care, and was listened to with profound attention by an appreciative audience.

SECOND DAY—MORNING SESSION.

The president, Dr. GUY in the chair.

The minutes of the last meeting were read and approved.

H. ROBINSON, M. D., was announced as a delegate from the Homœopathic Society of the State of New York, and offered a seat in the Institute.

The report of the Northern Home for Friendless Children in Philadelphia, by Dr. B. W. James, was then read.

Referred to the Publishing Committee.

Report of S. R. Beckwith, Committee on Microscope, was called, and C. H Beckwith read a paper by the above on a subject selected by himself, viz. : on treatment of compound dislocation of long bones. This paper suggested that every member of the Institute should endeavor to collect surgical cases and report them to the Institute.

Paper referred as usual.

Dr. Wm. Tod Helmuth read a most valuable and practical paper on surgery, and exhibited several varieties of febroid polypi of the uterus, which he had removed on different occasions; also, showed photographs of a case of congenital hypertrophy of the tongue of thirteen years standing, on which he had operated, having removed all the protruding portion of the organ, which was about five inches in length. He also exhibited a photograph of a boy whose jaw-bone he had removed entire. Th se specimens were of great interest to the members, and the lecturer was listened to with marked attention.

Professor E. M. Hale, of Chicago, read an interesting paper entitled "A Medico-Botanical Study." He called special attention to the medical botany of the United States, which has been much neglected in favor of foreign remedies, notwithstanding that among the former we have the analogies of nearly every foreign plant. The special object of the paper was the comparison of certain American plants botanically allied to those foreign plants which we use most in our practice.

He instanced that we have growing in the United States three or four species of Aconite; five species of Arnica; one of Bryonia; five of Drosera; one of Euphrasia (identical with the E. Officinalis;) three of Juniperus (Sabina); five of Lycopodium; one of Pulsatilla (with which some clinical experience has been gained;) and three of Veratrum.

It was advised that provings and clinical experience should be instituted with these plants, in order that we may ascertain how far they may be used as substitutes for their foreign analogues. The speaker urged that each species of the same genus of plants should be prepared and used separately, and not mixed as they sometimes are.

G. W. Swazy offered the following:

Resolved, That we, the members of the American Institute of Homœopathy, here present, respectfully tender to Adolph Bauer, M. D., in his present affliction, our cordial sympathy and our earnest wishes for his speedy recovery and restoration to usefulness.

Dr. E. W. Hale offered a resolution to appoint a committee of ten to investigate the methods of conducting the business of pharmacy in the United States.

Dr. Pulte proposed to amend by appointing a committee to report at the next meeting a comprehensive plan for correcting the evils in homœopathic pharmacy.

A lively discussion ensued, in which it was stated that the methods of preparing homœopathic medicines in different pharmacies were of the most unreliable character and that means must be taken by this body to promote a better condition of things in this respect.

After considerable discussion the resolution was laid upon the table.

The meeting then adjourned to 2 o'clock P.M.

AFTERNOON SESSION.

Institute met as per adjournment, and was called to order by President Guy, who called Dr. Beakley of New York to the chair. The Committee on Reorganization, through their chairman, Dr. I. T. Talbot, recommending amendments to the Constitution and By-Laws, then reported, which amendments were acted upon *seriatim*.

Dr. Cowley, M. D., presented a report of the Alleghany County Homœopathic Medical Society, which was received and referred.

Dr. Hamilton offered a resolution in favor of procuring reliable vaccine-virus.

Committee on Reorganization reported favorably on the following:

Resolved, That the American Institute of Homœopathy request all bodies of homœopathic physicians to send delegates to its meetings. Adopted.

The question as to the location of the next meeting being under discussion, it was *Resolved*, That when the Institute adjourn, it be to meet in Pittsburg the last Wednesday in June, 1866.

J. Beakley, offered the following:

Resolved, That this Society publish 5,000 copies of the address of Dr. Rodman for circulation.

Secretary read a memorial from C. Dunham, M. D., embodying a protest against what purports to be the sixth edition of Hahnemann's Organon.

On motion of I. T. Talbot, Brig.-Gen Ed. A. Wilde, of Massachusetts, was continued a member without payment of further dues, in recognition of services in the army by which he lost the use of both his arms.

The President then announced the bureaus.

Materia Medica and Pharmacy.—C. Hering, M. D., Pennsylvania; W. E. Payne, M. D., Maine; W. Williamson, M. D., Pennsylvania; E. M. Hale, M. D., Illinois; H. L. Chase, M. D., Massachusetts.

Clinical Medicine and Zymoses.—H. D. Paine, M. D., New York; J. P. Dake, M. D., Ohio; R. Ludlam, M. D., Illinois; E. C. Witherill, M. D., Ohio; B. Fincke, M. D., New York.

Surgery.—W. T. Helmuth, M. D., Missouri; J. Beakley, M. D., New York; G. D. Beebe, M. D., Illinois; S. R. Beckwith, M. D., Ohio; Pusey Wilson, M. D., Pennsylvania.

Organizations and Statistics.—I. T. Talbot, M. D., Massachusetts; H. M. Paine, M. D., New York; H. M. Smith, M. D. New York; Geo. E. Shipman, M. D., New York; J. S. Douglass, M. D., Wisconsin.

The following were appointed a Committee of Arrangements for next session of the Institute, to be held in Pittsburg: M. Coti, M. D.; J. C. Bugher, M. D.; J. F. Cooper, M. D.; D. Cowley, M. D.; H. H. Hoffman, M. D.; all of Pittsburg.

Wm. Tod Helmuth, M. D., of St. Louis, was appointed orator for the meeting. Pusey Wilson, M. D., of Philadelphia, alternate orator.

Dr. Swazy then moved that a vote of thanks be tendered to the Committee of Arrangements and the physicians of Cincinnati for their hospitality, and for the elegant entertainment given to the members of this Institute during the present session.

The President then rose and remarked that he desired to return thanks to the members for the courtesy extended to their presiding officer. He stated that it had never been his privilege to preside over any body wherein such unanimity of feeling, and, at the same time, energy of purpose, were combined; and moved that the thanks of the Institute be presented to Dr. Guy for the able and courteous manner in which he had presided over the Institute.

The thanks of the Institute was also tendered to the Secretary, G. D. Beebe, M. D., of Chicago, for the able manner in which he had performed the duties of the Secretaryship.

The thanks of the Institute were also tendered to the members of the daily press, and the Institute adjourned.

THE

AMERICAN HOMŒOPATHIC REVIEW.

EDITED BY

P. P. WELLS, M. D., CARROLL DUNHAM, M. D.,

HENRY M. SMITH, M. D.

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THE

HAHNEMANNIAN MONTHLY.

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LETTER FROM D. WILSON, M. D., LONDON.

To the President and Faculty of the
Homœopathic Medical College of Pennsylvania:

Mr. President and Gentlemen:—I have the honor to acknowledge the receipt of the documents conferring on me voluntarily and gratuitously the special degree of M. D. and Doctor of Homœopathic Medicine by the Homœopathic Medical College of Pennsylvania.

Gentlemen, it would be difficult for me to find fitting language in which to acknowledge so signal a mark of distinction. I can only assure the learned and distinguished Faculty to whom I owe this great honor, that no effort on my part will be wanting to endeavor to deserve it, by continuing to advocate, to the best of my ability, true Hahnemannian doctrines.

I feel that in such practical endeavors my thanks will be best expressed for the honorable recognition of my humble services in that great and glorious cause which the Faculty have so much at heart, and which first brought me, otherwise a stranger, excepting though the pages of homœopathic literature, under their notice.

I was the more deeply touched by this flattering tribute,

that it came at a moment (1864) when there was an attempt made by some homœopathic journalists of this country to persecute me for my efforts in advocating the practice of the true Hahnemannian doctrines, and in restoring to its integrity Hahnemann's own literature, in which translators had been guilty of serious omissions and blunders.

And now, when I recall to memory the fact, that the distinguished honors of being enrolled a special graduate of your college, and elected an honorable member of the Homœopathic Medical Society of the County of New York, and also of the New York State Homœopathic Medical Society, were decreed me at a time when your hearts and homes were desolated by a rebellion unexampled in the history of the world for its rapid and wide-spread destruction of life and property; when unhappily England and the United States were not in that political and social relationship in which the advocates of peace, progress and amity should ever desire to see them, I cannot too highly estimate the generosity of the sister country in recognizing the humble efforts of a British subject, co-operating in the cause of truth for a noble science of no less importance to the interests of humanity, than the cause of freedom, for which you have so heroically fought and so valiantly conquered!

Finally, gentlemen, having endeavored, in language very inadequate to the occasion, to thank you for your "Diploma potens pollensque," I must briefly advert to the additional honor conferred upon me at the same period, by the appointment of British Examiner of Candidates for Homœopathic Medical Degrees.

The assurance of your unlimited confidence in appointing me the sole representative in England of the Homœopathic Medical College of Pennsylvania, as regards scientific matters, and most particularly in relation to the acceptance of candidates postulating Academic honors from that body, is highly gratifying to me; it imposes a very grave responsibility, which, nevertheless, I most cheerfully accept on the sole condition of there being no emolument attached to it.

However onerous and invidious may be the task connected with that of Examiner, I shall not shrink from exercising with integrity, I trust, the important functions with which the Faculty have invested me, for I feel, however much I may fall short in the performance of such an important trust as that of certifying to the capability of those seeking admission into the homœopathic ranks, the British public will, nevertheless, have some guarantee beyond that of an allopathic diploma, that its possessor is fully qualified to exercise the homœopathic art. Hitherto the public has justly complained of the want of such a guarantee.

Under the existing state of English law, it is necessary that British practitioners should possess an allopathic diploma before they can be registered; therefore, my functions in regard to British candidates for homœopathic degrees will be chiefly directed:

I. To an inquiry into their knowledge of Hahnemann's doctrines.

II. Whether they understand how to examine patients as Hahnemann directs.

III. Their knowledge of the Materia Medica; and,

IV. Their fitness to handle the latter in cases of sickness.

Having only to examine such as already possess allopathic diplomas, will relieve me of much responsibility, as I agree with the Faculty, that only those can be admitted either into the homœopathic or allopathic ranks who have gone through a curriculum of study in the necessary and collateral branches of a sound professional education, such as are taught in the Homœopathic Medical College of Pennsylvania by veteran homœopathists and distinguished professors, of whom the allopathic school might well indeed be proud; these subjects being Descriptive and Practical Anatomy, Physiology, Materia Medica, Institutes and Practice of Medicine, Special Pathology and Diagnostics, Obstetrics and Diseases of Women and Children, Surgery and Chemistry. Furthermore, I shall require of all those who may present themselves for

examination, certificates of their having completed the full curriculum of their studies on these several subjects.

Earnestly hoping that I may be enabled to carry out satisfactorily the views and wishes of the Faculty of the Homœopathic Medical College of Pennsylvania,

I have the honor to be,

With the highest esteem,

Mr. President and gentlemen,

Your faithful servant and colleague,

D. WILSON, M.D.

22 BROOKS ST., GROSVENOR SQUARE,
LONDON, *September* 5, 1865.

NOTICES.

THE ABLE PAPER ON HOMŒOPATHICS, by A. Fincke, Esq., being too long for insertion in any single number of the Monthly, and not well admitting of division, will be published in pamphlet form by A. J. Tafel, 48 N. Ninth street, Philadelphia, to whom orders for it should be addressed.

TO THOSE HOMŒOPATHIC JOURNALS which have so kindly noticed our enterprise in establishing the Hahnemannian Monthly, our warmest thanks are due. There may be others which we have not yet seen, but at present we are under especial obligations to the *American Homœopathist*, edited by Dr. Cropper, Cincinnati, and to the *Medical Investigator*, edited by Dr. Small, and to the *New York Review*, edited by Drs. Dunham, Wells & Smith, for their very flattering notices and kindly criticisms.

In the office of a live Homœopathic practitioner will invariably be found all the really good Homœopathic periodicals published in the country; and such a physician can scarcely peruse a single number of such publications without finding some single article or paragraph even, whose practical value to himself will more than repay the whole year's subscription.

MEDICAL ETHICS.

BY WALTER WILLIAMSON, M.D.

The duties of a physician are various as well as numerous. To him belongs not only the office of prescribing medicine for the sick, but the direction and application of the best means of preserving health and of preventing disease.

The good and evil arising from his actions may affect the health, the reputation and the morals of his patients through life; and hence, seriously influence the happiness of the community in which he labors.

In order to fully meet his responsibilities, the qualifications of a physician should be as various and numerous as are the duties which he is required to perform. He should be well educated in medicine and kindred branches of science, and by his familiarity with authors be enabled to bring to his aid, the learning and experience of his predecessors and compeers in the execution of his duties to the sick; and by success in practice, and an upright course of life, endeavor to sustain the dignity of his profession. Around his character should cluster the moral virtues which have ever distinguished the great and the good. He should be in the habit of exercising feelings of kindness towards all men, and of sympathising with every species of human suffering. His mind should be characterized by intelligence, reflection and decision. He should have a well formed physical frame, with the full use of all his members, so that he may be able to perform all the duties, and undergo all the labors incident to his profession. And his mind should be as free from eccentricities as his body is from deformities.

The relations which patients and physicians bear to each other, and the existence of mutual obligations between them,

render it expedient to have a code of ethics for the regulation of their intercourse.

The obligations which bind a physician, take precedence in the following order, viz. :—

Firstly. *His Duty to the Sick,*

Secondly. *His Obligations to the Community.*

Thirdly. *His Duties to the Profession.*

And in the discharge of these several duties he is under the further obligation of maintaining a suitable regard for himself and his own family.

The existence of sickness among men first led to the necessity of medical treatment, and in the course of time the present relation of patient and practitioner has been established. By an easy and very reasonable inference, we arrive at the conclusion that the profession of medicine was instituted for the benefit of the sick, and not for the sole benefit of the physician. If a practitioner obstinately adheres to an antiquated mode of practice, after a more successful one has been initiated, from professional pride or an imaginary duty to the profession, he mistakes his highest duty, and if he sacrifices his patients to his passion for what is old, or his hatred of what is new, he commits an act of great moral turpitude.

On taking charge of a case of disease, the physician assumes the responsibility connected with the treatment, and virtually asserts that he is qualified to direct the course best adapted to the good of his patient, and obligates himself to make the exertions necessary for his restoration.

And the patient by submitting himself to the care of a physician, implies confidence in his judgment, virtually promises obedience to his directions, and lays himself under obligations to compensate the physician for his services.

If the physician is not qualified for his position, neglects or refuses to make all necessary efforts to secure the best interests of his patient, he renders himself liable to a discharge and cuts off his right to complain.

If a patient refuses to follow the appropriate directions of his physician, the physician is thereby relieved of the

responsibility of the case, and if, after reasonable and becoming expostulation, the patient persists in his course of refusal, the physician may abandon the case without incurring censure or relinquishing his right to compensation for services already rendered. If the patient dismisses the practitioner when he himself is in fault, he does injustice to the physician and renders himself liable to be charged at the highest rates known to the profession.

There is no responsibility or duty incumbent on the physician but what implies a corresponding obligation on the part of the patient. The professional skill and exertions of the physician are the proper offsets to the submission and pecuniary compensation from the patient. The obligations being mutual, one is just as firmly bound, and for the same length of time as the other; the obligations, however, may be cancelled at any time by mutual consent, without reproach to either party, provided it be done with ordinary politeness. It is manifestly the duty of a physician always to deal frankly and truthfully with his patients.

A physician is in honor bound to keep inviolate all secrets of patients and families, and in cases requiring secresy on the part of the physician, the patient is under the obligation to be respectful and to pay his bill.

Of Consultations.— When a consultation is agreed upon between the attending physician and the family, and either may make the proposition, it is customary, if the family proposes the consultation, for the physician to ask whom they would prefer; and if a physician is named, who is not acceptable to the one in attendance, he may either state his objections and ask for another or give up the case. If the family refer the selection to the physician, he should propose one from whom he would be likely to get the kind of assistance that would most benefit the patient, and whose moral and professional standing in the community would enable him to share the responsibility without reproach.

The consulting physician has the right to set the hour of meeting. When the physicians meet, the attending physician

should acquaint the consulting physician with the patient's name, position in the family, give a short history of the case, and state any unusual circumstances that may be connected with it, before going into the sick room. The attending physician should then invite the consulting physician to see the patient, and lead the way; enter the room first and, if necessary, introduce his colleague to the patient and members of the family present. The patient, if conscious, should always be apprised of the intended visit of a consulting physician before he enters the room. The attending physician, if it be a case of ordinary sickness, should examine the patient in the presence of the consulting physician, he sitting a little more retired from the patient than the attending physician; and afterwards, if the consulting physician wishes to ask additional questions, it is proper that he should ask them, and re-examine the patient upon points on which his mind is not clear from the examination of the attending physician. But he should avoid all attempts at display of superior skill or tact, to the disparagement of the attending physician. If the case be a disease of the uterus or one of any other character requiring an internal and more delicate examination by the touch or sight, the attending physician should waive his right to a first examination from feelings of delicacy towards the patient, and as being unnecessary on account of his having fully examined the patient at a previous visit. On leaving the sick room the consulting physician should take leave of the patient and family, and hold no communication with them afterwards, except in the presence of the attending physician, and then only to answer such questions as courtesy obliges him to do, and in accordance with the conclusions agreed upon in consultation.

If the opinion of the consulting physician on any question connected with the case should be asked before leaving the sick room previous to the consultation, he should decline answering by politely saying the Doctor and he would talk over the matter and report the result of their deliberations. On retiring to a private room for consultation, the attending

physician should first give his views of the case and relate the treatment thus far pursued. After a free interchange of views and a full consideration of the symptoms and indications, it is the duty of the consulting physician to propose the remedies and indicate the future treatment, but the treatment may be modified by suggestions from the attending physician.

Mutual concessions often tend to the good of the patient, which is always to be preferred to a rigid adherence to the professional etiquette of doctors. The prescription, the diet and the entire direction of the management of the patient, after being agreed upon in consultation, should be left to the care of the attending physician.

If the consulting physician cannot be reconciled to the previous management of the case and the probable future conduct of the attending physician, he may retire from the case without prescribing, without reproach to his professional character. And if the attending physician cannot be reconciled to the conduct or course proposed by the consulting physician, he may retire from the case in like manner; but the consulting physician must also retire from the case, or compromise his professional standing. After both have retired, the family may exercise their choice and send for either of them or for another physician, who may take the patient without reproach or giving cause of complaint.

If the subject of consultation be a lady in labor, and instruments be required to be used, it is the province of the consulting physician to use them, unless he chooses to decline in favor of the attending physician, but the offer to operate should always be made to the consulting physician. If the case be one of surgery, and an operation be deemed necessary, the same course of etiquette should be observed as recommended in the case of labor.

A surgeon, accoucheur, or physician may invite one or more of his colleagues to visit an interesting case of disease, or to witness, an operation without giving them the vantage ground of consulting practitioners.

In case of failure to meet at the appointed hour, the phy-

sician who arrives first should wait for the other a reasonable length of time before proceeding. If the one first arriving be the attending physician, after waiting a sufficient period, he should see the patient, prescribe and leave as he would on the occasion of an ordinary visit.

But if the consulting physician be the first to arrive, and the attending physician should fail to come in a reasonable time after the appointed hour, the consulting physician should not see the patient, except in cases of emergency, or when it would put him to great inconvenience on account of distance and professional engagements to see the patient again. In case he sees the patient and prescribes, his opinion and prescription should be left for his colleague in writing and under seal. If a second consultation be desired, the consulting physician may fix the hour and the family inform the attending physician when he arrives.

The course of treatment agreed upon in consultation should be continued for the specified time by the attending physician, unless an unexpected change in the symptoms should require an alteration, and in that case the consulting physician should be fully informed of the change at the next meeting. If the attending physician should be out of the way, and the condition of the patient change for the worse, if the consulting physician be called on in the emergency, he may prescribe in like manner and relate his treatment at the next meeting.

Punctuality should be strictly observed by physicians in their time of meeting for consulation, as the habitual neglect of promptness to the appointed hour is liable to be construed into a mark of disrespect to the associate who is up to time.

In case of irreconcilable difficulty in regard to the disease or its treatment, between the attending and consulting physicians, a third practitioner may be called in as umpire, or a statement of the circumstance of a disagreement may be submitted to the patient and his friends, and they may make choice of the one who shall conduct the treatment in future, and the other be expected to politely retire.

While the consulting physician is bound by a sense of

justice to observe an upright and honorable course towards the attending physician, and sustain him in his views and treatment so far as he can consistently, with a just consideration for the rights of the patient and the credit of the profession, he is not under obligations to conceal or endorse errors that result from gross ignorance or wilful neglect.

A frequent cause of the contempt and reproach which has been heaped upon the medical profession, is the dead weight which the fraternity have had to carry of unqualified practitioners, and the censure which belongs justly to their ungentlemanly conduct and bad medical practice.

As homœopathic physicians, it becomes us to be more guarded in future, than some of us have been in time past, how we extend the right hand of fellowship to strolling practitioners, with or without credentials, however plausible their pretensions may be. And practitioners in good standing should be careful not to give letters of general recommendation to unworthy men, nor bestow unmerited praise upon men of doubtful character in their letters of introduction.

It is becoming in the younger members of the profession to pay some respect to the seniority of older members, and it is the duty of the older members to protect, as far as they can, worthy junior members from unmerited attacks upon their reputation and professional standing.

When making clinical reports of cases for publication, it is clearly a duty of the physician to state "the truth, the whole truth, *and nothing but the truth.*"

It is unprofessional for a physician to conceal his mode of using efficient remedies; to prescribe secret remedies; to hold a patent for any surgical instrument, medicine or appliances used by the profession; to receive any percentage on his prescriptions, beyond his regular professional fee, and a fair equivalent for what he himself supplies. It is, also, unprofessional for a physician to advertise in the newspapers, or by hand-bills, to cause the publication of newspaper puffs of operations and cures; and to invite laymen to witness opera-

tions or autopsies for the purpose of obtaining professional notoriety.

Physicians in good standing should not give certificates of the efficiency of patent medicines or secret remedies.

Vicarious Offices.—If a physician wishes to absent himself for a limited period, from the field of his labor, for some necessary purpose, and requests the favor of his fellow-practitioners to take charge of his practice for the time, professional etiquette suggests the propriety of compliance with the request; and, in the performance of the services, scrupulous regard should be paid to the interest and professional character of the absentee; and on his return a specific account of the services should be rendered, and the pecuniary obligations handed over to him. Similar acts of courtesy are usual among physicians when one is incidentally out of the way or detained by professional engagements, and another is called in case of an emergency; except in cases of obstetrics and where important surgical operations are required; then it is customary to award all the fees to the officiating physician. But I think a more equitable adjustment of the matter would be to divide the fees equally between the one who officiates at the time, and the one who performs the after attendance. But if a physician frequently absents himself and without justifiable cause, or neglects his practice, his compeers are not under obligations to perform vicarious offices for him, but are at liberty to attend his patients, and charge for their services, especially in new cases, as they do their own patients.

For the preservation of harmony in the profession, and for the purpose of avoiding frequent causes of misapprehension between physicians, and the misrepresentations of patients, it is expedient for every practitioner to observe a course of strict neutrality in his intercourse with the patients and friends of other practitioners. Let no affected solicitude for their welfare be manifested, no innuendo spoken, nor any act be performed by which the interest or reputation of a fellow-practitioner can be impaired. The visits of a physician, as a friend or a neighbor are decidedly improper, even when

asked for, to the patients of other physicians, or to their families in time of sickness. If the professional advice of any physician besides the one in attendance be desired, he should be regularly called in consultation.

In cases of sudden illness and accident, it frequently happens that several physicians are sent for simultaneously, by different members of the family or their friends. It is customary and proper in such cases for the physician that arrives first to take charge of the patient. If there be a family physician he should be sent for, and on his arrival, professional courtesy requires that the first in attendance should surrender the case into his hands.

Nevertheless, the patient has a right to select his medical attendant from those present, and the one so selected may take charge of the case without being censurable for the act.

One physician may be called to the patient of another on account of sudden change or aggravation of symptoms. In such cases it is proper for him to prescribe in the emergency, but only until the physician in attendance can be obtained and to take no further charge unless called in consulation.

When one physician is called to see the patient of another during his absence or sickness, common courtesy requires that he should inform the patient when the family physician returns or recovers, and surrender the case into his hands.

Physicians are sometimes sent for to see patients under the treatment of other physicians, without their knowledge or consent, for the purpose either of getting the opinion or advice of the one so called in, without the knowledge of the physician in attendance, or of unceremoniously discharging, him at the next visit. The act of giving an opinion or prescription under such circumstances, is a gross violation of professional etiquette. Equally flagrant a breach of etiquette is it for a physician to tell a patient he will prescribe for him if his present medical attendant be discharged, or in any other way to procure the discharge of another practitioner and take charge of the patient himself. The offence is the

same, whether the attending physician be a homœopathic or an allopathic practitioner.

In all intercourse of physicians with each other and the patients of each other, the golden rule should be strictly observed,—"do as you would be done by."

Fees, Charges, &c.—The fees received by physicians from patients, must to a great extent continue to be a private arrangement between the parties; but something may be done to prevent the misunderstandings that sometimes occur about pecuniary matters, by the adoption of a fee bill. To be satisfactory in its operations, the bill must be placed on a platform of justice to both parties interested; and the amount charged for specified services must bear some relation to the expensiveness of living and the facilities for doing business in the district of its adoption, and the prosperity of the inhabitants.

Hence, the same bill is not applicable to every locality. The value of the services and manner of rendering them will always affect the estimate placed on them, and regulate the willingness of patients to pay. Exorbitant charges for unimportant services, pompously rendered, will not meet with cheerful responses from sensible people. Physicians may adopt fee bills, but public opinion and usage generally settles the price that is paid for medical services. I think the junior members of the profession, with small practice, generally place an erroneous estimate on fee bills, so far as their own interests are concerned. For whatever value they may set upon their services, the community are apt to weigh professional commodities in their own balance, and purchase by their own standard.

Attempt to equalize the price of the services of the physician as much as you will, the man who pays for an article will exercise the prerogative of choice of whom he will purchase—one may make price the standard, and another will choose by the quality. Many families that have selected physicians according to price, have found that a good phycian and a reliable man is not only more acceptable, but in

the long run the cheapest, without regard to the amount of his charges. The state of the market will generally fix the price of the commodities that are for sale, and so will the wants of the community, and honorable and healthy competition, settle the current value of the services of a physician, without the aid of fee bills. As a general thing, physicians in large practice do not adhere to the rates agreed upon; and physicians with little practice are tempted to increase the amount of their bills by rendering more services than are really needful, and thus either oppress or displease their patients.

Can a homœopathic and an allopathic practitioner consistently consult together in cases of disease?

Yes, unquestionably:—so far as an opinion of a case is concerned, and in cases of surgery and midwifery where manual assistance only is necessary. But it is neither proper or consistent for a homœopath to call in an allopath for consultation, and continue the treatment under his directions; neither is it proper or consistent for a homœopath to accept an invitation to meet an allopath in consultation, and institute a course of homœopathic treatment to be carried out under the directions of the allopath, as attending physician.

Every properly qualified and initiated member of the profession is under obligations to be courteous to every other respectable member, without reference to the medical doctrines he may hold. And I think it is a mark of weakness and illiberality for physicians of any school to wish to rupture the social bonds of patients and families on account of differences of opinion about the treatment of disease.

It is customary for physicians to attend each other, and their families, when called upon, without fee, or reward.

THE TREATMENT OF INTERMITTENT FEVER.

BY AD. LIPPE, M. D.

AD. LIPPE, M. D.,

MY DEAR SIR:—I meet with some difficulties here, and have several times made up my mind to write to you for assistance. You are probably aware that Western Homœopathicians assert that intermittent fever cannot be cured with High Potencies. I always regarded this as an indication either of ignorance, or of a want of capacity to *master* the fundamental law of our system, and *pluck* to adhere to it through fire and water; but I must acknowledge that I am puzzled. I have walked myself into a blind alley, I fear, and it will be necessary to retrace my steps in order to get on the main track. I have made the assertion that I would not give Quinine to cure or check "chills and fever," or, in any case, use means not strictly Homœopathic. I am naturally *an implacable enemy to all compromise.* I *hate* to mix up things, or see any one else do it—to turn order into chaos. I say to myself Quinine and China have certain *specific* symptoms, which they produce on the healthy; and in our Materia Medica, we find others, obtained from the sick and well, established by experience, which *belong to China.* If my patient presents a picture of China, I, of course, give him China; but if he doesn't, why shall I give it to him in massive doses, or in any form? If the symptoms of the patient and those of China do not correspond, and I insist on giving him the drug, I do not practice Homœopathy. I praticce something that is regulated by no fixed laws or *truth.*

Since settling here I have had quite a number of cases of "fever-and-ague," and treated them with very poor satisfaction. In districts where "ague" prevails, you know, every body has a "cure" for it, and persons affected with it are bound to have it broken up "right away." If you fail to prevent the next chill, they go to some drug store, procure a specific for it and stop the "chill" sometimes! I rely en-

tirely on the higher Potencies—200th and upwards—and have cured some obstinate cases, one of five months' standing with two doses of *Lyc.* 200th and 6000th; but as a general thing they fail to do any good. I treated one case two weeks without success. The symptoms were somewhat difficult to get at, but the following were the chief: Thirst; violent before and during chill, and during fever or heat, not during sweat; face was red during entire paroxysm, but particularly so during fever; feet very cold during heat, also hands; no appetite on the "unwell day," and not much on the following day: tertian type coming on about twelve, M. "Dreadful headache" during *paroxysm.* Bowels constipated. Longing for roasted potatoes. Restless during chill and fever. Pain in back and limbs, and aching in liver. She rolls and tumbles about. During fever, nausea. During apyrexia, weak; palish face, blue semi-circles under the eyes; but cheerful. Sweat profuse, according to account given by her mother, but not noticeable, according to father's story. I inferred that the mother was right from the fact that she drank so much—"half a pail of water every other day." The remedies used were *Arsen., Bell., Acon., Caps., Eupat. per.* The complaint commenced with terrific headache and fever, without chills. It was only after the lapse of about a week that chills appeared. I labored faithfully to find the remedy, and with the determination to cure with remedies between which and the complaint I could see some similarity; and if I couldn't do this, rather than sacrifice principle, to let them give her patent medicines, which they finally did. If you look at the cases related by Dr. Williamson, under *Eupat.*, in Hale's New Provings, you will find an exact picture of the case, with the exception of the *double* tertian character. I got some *Eupat. per. 14 c.* first, from my predecessor, and gave a solution of five drops in half a tumbler of water, a teaspoonful every two hours during the day preceding the paroxysm. The next paroxysm, they said, was a little less severe; but before I saw her again, they had administered some of "Sappington's Pills." Here my connection with the case of course stopped.

I have a case now with the following symptoms: Chills early in the morning, preceded and accompanied by thirst, with diarrhœa during chills. Sleeps during fever. No appetite; fretful. Face pale during chill and apyrexia, and a little flushed during fever. Sweat not very profuse. Appetite has been poor for sometime. Grits his teeth during

sleep, which is rather restless. Remedies: *Ars. 2 c., Cina 2 c;* two doses of the former, and three of the latter. Result: patient no better. I was going to give him *Nux vom.*, but I suppose they have concluded that I can't cure him, and do not therefore apply for medicine. The patient is four years old. I suppose you will condemn the prescriptions and the repetition. But if you were in my place, in all respects, with your own mind and my experience, I doubt whether you would escape the commission of mistakes. As I am a son of your Institution, and you one of the Fathers, I naturally turn to you for information, knowing that you will not allow me to continue in this miserable condition much longer; for it makes me miserable to fail of success.

The case referred to, which was cured with *Lyc.*, had the following symptoms:

Two weeks after confinement was attacked with intermittent fever; paroxysm every other day. When I saw her she had been suffering five months; face was very pale; peculiar bluish-purple, transparent semicircle under eyes; yellowish tinge over face. Was weak. Pain in stomach severe during chill. Attack came on in evening; pale face during entire paroxysm; no appetite on sick day until after paroxysm. For these symptoms I gave one dose of *Ars. 40 m.*, which stopped the pain in her stomach; her color also improved; but the other symptoms remained unchanged. After several paroxysms, she called again, and in addition gave the following symptoms: Burning between her shoulders, as if a coal of fire was lodged there: goes into vertex, where it rests and burns. During the night she has to get up and expose her back to open window in a draft. Can't bear feathers or tight clothes; it makes her nervous to see people lacing tightly. This burning has returned regularly for the last sixteen summers; comes on with summer heat; better on cool days, and disappears in the fall. After searching several hours, I found her condition very nicely pictured under *Lyc.* and determined to give her one dose *6 m.* She called three times during that day, and always missed me. Finally, my predecessor, who knew what I had decided on, gave her *Lyc. 2 c.* I was sorry for this, for I wanted to prove to him that she could be cured with High Potencies. She was waiting for some more powders, and I gave her a package with the other dose. The result was most gratifying. She had no more chills, and the burning improved instanter. Hoping to hear from you very soon, I remain yours, etc.

B.

The above letter is answered here publicly by permission of the writer. The letter contains three points:

1. The Western Homœopathicians assert that intermittent fever cannot be cured by High Potencies.

2. That intermittent fever has been cured by High Potencies.

3. Assistance is asked to prevent failures in the cure of intermittent fever.

On the first two points no comments can well be made at present, as the question of "doses" must before long be decided by experience;* but we must first come to understand clearly how the proper curative remedy can be found for the sick, in general, and for those suffering from intermittent fever, in particular.

Hahnemann's advice how to treat intermittent fever, given in his *Organon*, in 1833, is as true and instructive now as then. He says in the fifth edition of the *Organon*, § 233:

"The typical *intermittents* are those wherein (during apparent good health) a morbid state, equally severe, returns at certain intervals, and vanishes again after having lasted for an equal length of time. This is met as well in the apparently feverless, but periodically appearing and again disappearing morbid conditions, as in those accompanied by fever—the manifold intermittent fevers."

§ 235. With respect to *intermittent fevers*† appearing

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* Vide American Hom. Review, Vol. IV, p. 135.

† Till the present time Pathology (still remaining in unconscious infancy) only knows of one solitary *intermittent fever*, which she also terms ague; no other difference than the interval which exists between the paroxysms is admitted, the quotidian, tertian, and quartan, &c. But besides the variety which they present in regard to the periods of their return, the intermittent fevers exhibit yet other changes that are much more important. Among these innumerable fevers there are many which cannot be denominated ague, because their attacks consist only of heat; others are characterized by cold only, succeeded or not by perspiration; while yet others freeze the body of the patient, and cause, notwithstanding a sensation of internal heat; or even create an internal feeling of cold, although the body is very warm to the touch. In many, one of the paroxysms is confined to shivering or cold, which is immediately succeeded by a comfortable sensation; others consist of heat, followed, or not, by perspira-

sporadically or epidemically (not the endemics of marshy districts) we often find paroxysms composed of two contrary states—cold and heat, heat and cold; and we frequently find them composed of three states—cold, heat, and perspiration. For this reason, it is necessary that the remedy employed against them, which is selected from the medicines hitherto tried, commonly from the non-Antipsorics, shall likewise, as the surest means, be able to excite in healthy persons two, or all three, of the morbid stages which are similar; or, at least, it shall have the faculty of exciting, with all its accessory symptoms, the strongest, most prominent and distinct contrary morbid stages, and correspond Homœopathically in similar symptoms (either with the condition of the chill and its accessory symptoms, or with the fever and its accessory symptoms, or with the perspiration and its accessory symptoms), as the one or the other of the contrary morbid stages is prominent, or more distinct; yet the state of the patient,

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tion. In one case it is heat that manifests itself first, and cold succeeds; in another, both the cold and heat give place to apyrexia, while a second paroxysm, which sometimes does not occur before an interval of several hours, consists merely of perspiration. In certain cases no trace of perspiration is perceptible, while in others the attack is solely composed of perspiration, without either heat or cold, or of perspiration that follows during the heat alone. There exist, likewise, innumerable differences relative to the accessory symtoms, the particular kind of headache, the bad taste in the mouth, the nausea, the vomiting, the diarrhœa, the absence or degree of thirst, the kind of pain felt in the body and limbs; sleep, delirium, changes of temper, spasms, &c., which manifest themselves before, during or after the cold, heat or perspiration stages; without taking into account a multitude of other deviations. These are assuredly intermittent fevers that are very different from one another; each of which demands naturally its own homœopathic treatment more appropriate to it individually. It must be confessed that they may almost all be suppressed (a case that occurs so frequently) by large doses of Cinchona or Quinine—that is to say Cinchona prevents their periodical return, and destroys the type. But when this remedy is employed in intermittent fevers, where it is inappropriate, (as is the case with all epidemic intermittents which pass over whole countries, and even mountains,) the patient is not at all cured because the character of the disease is destroyed; he is still indisposed, and often much more than he was before; he suffers from a peculiar chronic Bark-complaint. And should we term this a cure which even the true healing art can scarcely cure after a long time?

during the apyrexia especially, must indicate the choice of the most appropriate Homœopathic remedy.*

"§ 236. The best, most appropriate, and serviceable method in these cases, is to administer the remedy immediately, or very shortly after the termination of the paroxysm, as soon as the patient has, in some measure, recovered from it. Administered in this manner, it has sufficient time to produce in the organism all its various effects to restore health without violence or commotion; whereas, if taken immediately before the paroxysm (even though it were Homœopathic or specific in the highest degree) its effect would coincide with the renewal of the natural disease, and excite such a strife in the organism, so powerful a reaction, that the patient would lose at least a great portion of his strength, and even life would be endangered.† But when the medicine is administered immediately after the termination of a paroxysm, and long before there are any preparations for the next attack, the organism is in the best possible condition to allow itself to be gently modified by the remedy, and by these means returned to a state of health.

"§ 237. If the period of the apyrexia be of short duration, as is the case in some very malignant fevers, or if it be disturbed by symptoms which belong to the preceding paroxysm, then it is necessary to administer the Homœopathic remedy as soon as the perspiration, or other symptoms, indicating the termination of the attack, begin to diminish.

"§ 239. Almost every medicine in its simple action, produces a peculiar fever, and even a species of intermittent with its contrary morbid states, which differs from all those fevers excited by other medicines; consequently, the immense number of medicinal substances present the means of com-

* Dr. Von Bœnninghausen, who has done more for our benevolent healing art than any one of my disciples, did, with great circumspection, facilitate the finding of the curative remedy for the various fever epidemics, in his work: "Versuch einer Homœopathischen Therapie der Wechselfieber" 1833, Munster.

† There are proofs of this, unfortunately, in the too frequent cases where a moderate allopathic dose of Opium, administered to the patient during the cold stage of the fever, has quickly deprived him of life.

bating all natural intermittent fevers Homœopathically. Some efficacious remedies against a multitude of these affections have already been discovered in the comparatively few medicines that have as yet been tried on healthy individuals."

Such was Hahnemann's plain and explicit advice in 1833, and the physicians who have followed it, one and all, testify to its correctness. Since then a large number of medicines have been proved and added to the means of curing this disease.

The question yet to be answered is this: How shall the busy practitioner find the curative remedy—where are the means to find the symptoms of the medicine corresponding to those of the fever? The choice of the remedy is much facilitated by the aid of Bœnninghausen's Essay on Intermittent Fever, published in English by Wm. Radde, New York, 1845; and by a later, second edition of the same work, much augmented and improved, published by Dr. Bœnninghausen, in 1864, and not yet translated. To these already numerous observations can easily be added such as have been made in this country; and if we would only follow the good example of Dr. Von Bœnninghausen, write down carefully every case of intermittent fever we have to treat, prescribe as well as our means will permit, and mark the result, we will soon be enabled to point out with certainty the characteristic fever symptoms of every remedy, and will easily find the specific remedy for such epidemics. The more careful we are in the selection of the remedy the greater must be our success, and the less often will we find it difficult to determine the proper remedy at once. To know, or to publish, that this, that, or the other medicine has cured cases of intermittent fever, is of no value whatever. The question is: In what particulars did the fever, for which a new remedy was found to be curative, differ from other similar fevers? For instance, *Gelseminum*—What symptoms in its provings drew the attention of the physician to prescribe this and no other remedy in a well-related case, and what symptoms, not found in the provings, were also cured not only in this, but in other

cases? In this manner we ascertain the *characteristics* of a remedy. *Cactus grandiflorus* has cured intermittent fever with symptoms differing from those known of any and all other medicines. If we add these new observations to our Essay, we will soon be in possession of a great aid in selecting the true curative remedy in difficult cases.

For the sake of illustrating the mode of finding the remedy, we will take up a case from the above letter, which was treated unsuccessfully.

The patient had thirst *before* the chill. This symptom is not always present. It is rather an exception, and therefore characteristic of the case. We find it under *Eupatorium*, but also under *Arsenic.*, *China*, *Pulsatilla*, *Arnica*, *Cina*, *Nux v.*, *Sulphur*, *Belladonna*, *Lachesis*, *Rhus*, *Sepia*, etc.

The thirstlessness *during* the perspiration, and the thirst before the chill, are under *Pulsatilla*, *Arsenic*, *Rhus*, *Sepia*, *Belladonna*. The pain in the back and the headache during the paroxysm, in conjunction with the former symptoms, are under *Arsenicum*, *Pulsatilla*, *Rhus*, *Sepia*.

The coldness of the feet during the fever (hot stage) in conjunction with the former symptoms, is found only under *Pulsatilla* and *Sepia*.

The choice is now only between *Pulsatilla* and *Sepia*. The other symptoms stated are also under both medicines. It would now become necessary, before deciding conclusively which of the two medicines was the more Homœopathic to the case, to examine the patient again, look at his tongue, ask about his taste, state of the bowels; but above all the mental symptoms might decide. And most likely, *Pulsatilla*, having the characteristic symptoms of the patient in a higher degree, would be the curative remedy. A comparison with the provings would finally settle the question, and the result could not but be gratifying.

For further illustration, I will give a case from my journal, which is by no means a model case, but illustrative of the necessity of an accurate choice of a remedy, if we expect success.

Mr. T., aged sixty years, asked for advice; had been unwell for some time; had lived in the country for some years; was in town to be treated. According to his symptoms, I gave him one dose of *Pulsatilla* 200th on the evening of the 20th of July. On the 23d of July he had his first chill at five, P. M., lasting an hour, followed by heat and then perspiration, the paroxysm ending about three, A. M. The thirst was quite constant, drinking but little at a time; and the restlessness, compelling him to toss about, during the fever especially, was very great. During the paroxysm he complained of back-ache and headache. On the morning of the 24th of July, I gave him one dose of *Arsenicum* 200. The fever paroxysm returned that day one hour earlier, and was less severe. No medicine. July 25th, the paroxysm returns at five, P. M., and is more severe. No medicine. July 26th, the paroxysm returns at six, P.M.; and visiting him at eight, P.M., I found that the chill had been very severe, shaking him dreadfully for two hours; after the chill, nausea and vomiting of bile; during chill and fever he breathes very quick from oppression of the chest; cannot well talk on account of the oppression. Is not restless, but suffers from anguish; lays quiet; has much thirst; no sleep, but perspires all night; no appetite; pain in the liver, which seems to be smaller than formerly. After a careful comparison of the symptoms with remedies having some similarity with the case, I selected from among *Apis, Arsenic., Ipecac., Kali carb., Mezereum, Nux vom., Pulsatilla, Rhus* and *Seneca,* the most similar one, *Kali carb.;* and was led to the selection by Symptom 1227, in Hahnemann's Chronic Diseases: "*Violent chill, towards evening, for some minutes; he must lay down; followed by nausea and vomiting and spasmodic pain in the chest, through the whole night, with short breathing, with much internal anguish, and much perspiration about the head.*" The patient received at four, A. M., of July 27th, one dose of *Kali carb. 19 m.* (Dr. Fincke's preparation). The chill returned on that day (July 27th) one hour earlier, but less violent; all the concomitant symptoms were less severe; no vomiting. No

medicine. July 28th, no chills. July 29th and 31st, slight chills recurring over an hour earlier each day. No medicine. Since then no more chills or fever; appetite and sleep returned gradually; the constipation, which had been permanent during the attack, was the last to yield. Strength and spirits good on the 10th of August.

If it is evident that intermittent fever can be cured, provided we find the proper remedy, and also that in some cases it is difficult to find it with the aid we possess at present, nothing remains for us to do but to obtain this aid by following the plan of our predecessors who have shown us the manner in which it can be done best. Hahnemann has already pointed out the characteristic fever-symptoms of China; and if we diligently follow him, see how he found them, how they proved to be correct, we have only to imitate him. We must individualize, and not make a useless effort to generalize; and in a very short time, augmented observations will enable us to cure intermittents with the same ease that we now cure other fevers.

The Proving of the Cistus Canadensis, or Rock-rose, was unfortunately received too late for the present number. This is the more to be regretted, since we are thus not only deprived of our intended Materia Medica Department for the third number, but the printer being compelled to make up the forms at the last hour from such material as he had in hand, we are unable to present such a variety of contributors as was anticipated.

CONGESTIVE DISEASES IN THE ARMY.

BY JOHN C. MORGAN, M. D.,
Late Surgeon Twenty-ninth Missouri Volunteers.

Whilst many insignificant internal and external diseases affect the soldier, in common with the rest of mankind, he is peculiarly the victim of those which are characterized by *venous congestion* in vital organs, both acute and chronic.

In the first place, let us remark that recruits bear the brunt of those influences which originate such conditions. The bivouac in swamps and forests, which, to the veteran is second nature, is to the raw soldier a deadly exposure. Even in tents, unaccustomed to such habitations; ignorant of the expedients by which veterans wrest comfort from circumstances; and officered by men as ignorant as themselves, or selfishly regardless of aught but their own convenience; suffering in kind with their men, on the one hand, or monopolizing every available gratification on the other; soldiers sicken—wilt—die—as by a plague. Thus it was at Young's Point, La., after the repulse of the first attack on Vicksburg by the Army of the Tennessee. Demoralized—home sick—comfortless—(the Sanitary Commissions *afterwards* afforded great relief) located on the low land behind the levee, the river many feet above on the outside; men died by hundreds—by thousands. Graves might not be dug, except in the levee; since, elsewhere, at the depth of eighteen inches, you came to water; and, indeed, drinking and cooking water was procured from wells two and a half feet in depth, numerously scattered among the camps. The air was reeking with moisture, and at night was miserably chill. (What need of supposing a *specific* miasma to be *inhaled*, with so deadly an atmosphere to be felt—aye, and seen?)

The green troops of Sherman were here encamped from January to May, 1863. One must have been there to know the terrible—the fatal import of that word, too often used as a synonym for *pusillanimity*, to wit.: Nostalgia. Many, who afterwards made splendid soldiers, became, in their misery, the veriest babes. Sad it was to see. Fatal, always, the result to him who utterly succumbed in heart. All power of resistance to the atmospheric incubus was thus annulled, and soon, death supervened; sometimes preceded by diarrhœa; sometimes by congestion of stomach, liver, lungs or brain; sometimes by no manifest local disease; the man simply wilting day by day, like a girdled tree; until, gradually or suddenly yielding to the grim monster, some day he would be dead.

It was a puzzle to the surgeons to name this protean malady. If a man lingered long, they called the case, from its most common symptom, "chronic diarrhœa." If one died after a very brief illness, it was pronounced "congestive fever." In all, *lice* were prodigiously rife. One ingenious medical officer entered into a calculation, to wit: "that if one of these vermin can rob a man of half a drop of blood *per diem*, a thousand would abstract five hundred drops or upwards of an ounce;" and that therefore the army of pediculous "graybacks," properly allied with our enemies over the river, were more than decimating the Federal troops by a gradual course of bloodletting.

Accordingly, the first things to be done when a man entered the regimental or general hospital, were ablution and change of clothing. Some died during the process!

The indications were deceptive. The only constant symptom was adynamia, and that was not always very apparent. The author of the pediculous theory was attending the usual "sick call" of his command, one morning, when a man applied to him for the first time; he was ordered to do duty, and a dose of Quinine and Fl. Ext. of Valerian given him. Twenty minutes after he was found dead in his tent. Nothing

in his appearance, except an utter want of spirit, was calculated to awaken concern at the time of his visit.

The physical advantage of a charitable feeling in medical officers, as contradistinguished from harsh conclusions of malingering, is, indeed, very manifest amongst raw troops. Malingering can be extensively perpetrated by veterans only. Incautious condemnation infallibly makes matters worse.

Adynamia, a livid or chloasmoid complexion, an expression of apathy, or as often, of terror—inertia and a whining voice, are the commonest traits of the chronic malady; and as I afterwards discovered, injection of the veins of the throat is always present; and sometimes *gangrene* in the mouth or throat; rarely seen before death, unless searched for. The patient not unfrequently is, himself, unaware of any mischief in that quarter; indeed, he usually is so.

Amongst other suspicions of the pathology of this affection, a prominent place was thought due to that of Leucocythæmia; but having no access to a microscope, we remained undecided as to this.

I have called the malady (especially in its chronic form,) protean. Every organ was liable to the attack, with, of course, corresponding symptoms, not necessary here to specify at any length. Sometimes, it was ushered in as Intermittent Fever; again as Rheumatism; and again, very often, as Paraplegia; most commonly, bowel complaint; at times Dropsy; after which the usual symptoms. Once or twice, in extreme cases, there has been septic crepitation of the skin on pressure.

The acute form is, I think, a proper, but virulent type of "Congestive Fever." I have seen a plethoric young man, of great natural power of reaction, in a high fever, deeply crimson in the face, with hot skin; full, frequent pulse, but most anxious countenance, cough and pain, with rusty expectoration, &c., &c. Lying with others, on the cabin floor of a steamer, some one trod, accidentally on his foot—a shriek, a few gasps, and he was dead! Amidst such appalling scenes, the souls of medical officers were harrowed with a sense of

impotency and uncertainty. As many as possible of their sick, they dispatched North; until this was, (and God only knows why) denied them in great measure; and they were doomed to witness the unchecked march of Death, doubtful as to what was the nature of the malady, of which they themselves partook, and uncertain if any one of them might not suddenly succumb to its occult influence.

The inconvenience of post-mortem examinations, as well as the labor of prescribing—far beyond our *then* proper capacity, for one or two hundred patients each—made the investigation of its pathology long impracticable. But the discovery of a gangrenous patch inside of one poor fellow's cheek (he complained of nought but *hardness* of the outside) together with spongy gums, awakened in my own mind the idea of *Scurvy*, as the true key to the arcana. In my monthly report to the Surgeon-General's office, I stated my conclusion, and lost no opportunity of propagating the same amongst medical officers; by whom it was tacitly, but universally adopted, only excepting those of the older regiments, which suffered little in this way. These alone ignored the scorbutic theory; the purple spots being usually wanting.

An inspector came to us from Washington, to investigate the terrible mortality of the troops; too late in the spring, however, to witness the endless funereal scenes of February, &c.; and seeing nobody, but parties interested in the carrying up of a good report.

Homœopathic treatment had heretofore abolished local symptoms; and this, indeed, gave it the advantage of prolonging life; but the cachexia was not yet met by any treatment; and the fatal issue often came at last. An inspector of the Western Sanitary Commission, as well as its President, Mr. Yeatman, visited the army in the height of its sufferings. They promptly accepted the scorbutic theory, and as promptly they called on the people for vegetables, fruit, &c. Steamboat stewards were earlier besieged by gaunt "boys in blue," purchasing potatoes at the rate of

three cents apiece! Surgeons now resorted to Sulph. acid, &c., &c.; the weather became more vernal—in May, the sick were sent off and the army marched over the rich plantations of Louisiana and Mississippi, under the lead of a little man whose personal baggage consisted of his tooth-brush. Disease vanished—hilarity reigned—the army got fat!

The seven weeks' siege before Vicksburg, its bloody charges, its constant duty in the trenches, its residence in damp, dark, wooded ravines; and the severe campaign against General Johnston in July, 1863; all these conspired to renew, in part, the old horrors; but, with better knowledge, better means, and the potent influence of high hope and success, they were as nothing.

Later, opportunity was afforded me to make examinations, post-mortem. In nearly all cases I found more or less venous congestion in every internal organ; effusions of serum in the serous cavities; enlargement of liver or spleen; often, softening of the latter; opalescence of the arachnoid membrane, over the larger veins of the pia mater; and always, when death was sudden, (as it often was, even during rapid convalescence,) I found yellowish fibrinous clots occupying the cardiac ventricles and the pulmonary artery and aorta, for some distance; even reaching into the venæ cavæ, through the right auricle, attached somewhat firmly to the chordæ tendineæ; plainly a gradual formation before death, and sometimes having attached to it, on the right side of the heart, the ordinary red post-mortem clot. In cases of long standing, ulceration was found in the intestinal canal.

The physical signs noted before death were few. The principal cardiac phenomenon was a confused, half-suppressed tumult, instead of the normal first and second sounds—probably from the presence of clots in the openings of the organ and great vessels.

The principal homœopathic remedies for the chronic disease were Sulph. ac., Kreasot., Arsen., Chin., Caps., Merc., Puls., Nat. mur.; and slightly acidulous, effervescing drinks were peculiarly grateful and beneficial in both acute and chronic

passive forms. The first was indicated by "wilting," and adynamia; the second, by most of the local troubles; Arsen., Merc., Puls., by their usual characteristic symptoms; Chin., by lientery; Caps., by great heat, with livid skin; Natr. mur., by whining and prostration, in the last stages. Lachesis is related to gangrene, etc. Cerebro-spinal symptoms were met by Plumb. ac. (The last-named remedy has also done me good service in hemiplegia from gunshot wound of the head.) Antiscorbutic and generous diet is *indispensable* in the chronic disease. Moral influences were found of unexcelled importance. Let such a patient go home for a month or two, and ten chances to one he returns "as fat as a pig," and "as happy as a lark." But beware of tasking his powers, for a half year, at least, or a relapse may be expected!

[Query. Is Scurvy essentially *congestion* or *dyscrasia?* Is not the latter the fruit of the former?]

When a man dies speedily of an ordinary CONGESTIVE FEVER, the *very same* post-mortem appearances are presented as those just described; only, more extreme; and circumscribed. In an apoplectiform case, for instance, I found the infractuosities of the brain full of concrete fibrin, the veins of the pia mater full of dark blood, the arachnoid cavity full of serum; pericardium, the same; yellow ante-mortem clots in the cardiac ventricles, reaching through the right auricle to the venæ cavæ, and into the pulmonary artery and aorta; whipped off to a point in the latter; a common red clot (post-mortem) in the right ventricle; lungs engorged and infiltrated with serum, which had also been expectorated by mouth and nose in profusion before death; abdomen healthy. Similar conditions are sometimes present in malignant remittents. (Vide Dr. Jones, Southern Medical and Surgical Journal, June, 1858, et seq.) I regard these as strictly a form of Congestive Fever, marked by typical *febrile reaction.* "Congestive chills," or "pernicious intermittent," is intermittent, without febrile or other adequate reaction; whence, fatal local or general venous congestion duly follows, if not corrected.

The virulence of Congestive Fever, always great, is, how-

ever, measured by its passivity and its continuity. The worst cases neither react nor intermit; most commonly there is *remission*—sometimes, even that seems wanting; the type being thus allied to continued fever. Every acute disease is represented in various cases of CONGESTIVE FEVER, just as, in the protean scorbutic form, are the like chronic affections. Bilious fever, as well as ague; phrenitis, apoplexy, paralysis, convulsions, pneumonia, hepatitis, splenitis, gastro-enteritis, diarrhœa, dysentery, cholera, and even surgical shock, are illustrated in this essentially venous disease; with "passivity" and "reaction," in every possible degree of proportional combination, from absolute passive congestion, localized or universal, to high febrile, and even inflammatory reaction, with organic lesion of extraordinary gravity.

The indications for homœopathic remedies, from which I have derived much advantage in this malignant malady, hang first, upon the *removal of the passivity,* if this be strongly marked; to effect which, the *mineral acids* are the leading remedies. My own experience relates chiefly to Sulph. ac. Dr. Leon, of New York, formerly of New Orleans, has great confidence in Mur. ac. In such cases, Quinine is, to speak moderately, worse than useless. [Again, a query—What relation may there be subsisting between this and other malignant diseases, as diphtheria, spotted fever and typhus? In the efficacy of Nitric acid, diphtheria; of Camph., spotted fever; and of Phosph. ac., typhus, are found in therapeutic range with it, as, indeed, they are in other respects.]

The next grade, into which the first may pass, is marked by partial reaction, and is met by Camph., Caps., Cupr., Arsen.

A still higher grade demands a selection from Caps., Bell., Hyos., Plumb. ac., etc. The highest degree of reaction indicates Aconite. Of Gels., it will suffice to say that all passivity contraindicates it. Veratrum viride has like effects with Acon., as I have verified.

Sequelæ require Arsen., Merc., Puls., Bry., Sulph., Arg. nit., China, Nux vom., etc.

REVIEW.

A Treatise on Diphtheria, its nature, Pathology and Homœopathic Treatment, by Wm. Tod Helmuth, M. D. Second edition revised and corrected, 1864.

This little work comes before the profession in a second edition, which proves unmistakably that the publisher did well by the first and expects to do better by the second. The book contains some new information which we shall point out, to which we will make a few additions; and attempt to shed a little light on some obscure points. The latter portion of the work,—"The Treatment"—is in contradiction to all the acknowledged principles of our school, does not contain the remotest resemblance to Homœopathy, and is entirely Eclectic in its nature. We shall pay particular attention to the polite manner and unmistakable animus with which the report is rendered on page 124 and 125, and * "Really, we believe that much bad feeling, not to say personal enmity, is engendered by Homœopathicians allowing their ideas with reference to *dose* to bias them in their opinions of their brothers, who may perhaps be laboring in good earnest for the one great, grand cause of Homeopathy."

Information, no doubt new to many, if not to all the readers, will be found on page 25, under section III. "Manner of Recovery." "Among these peculiarities of recovery is, the *softening of the membrane*, which I affirm may take place in two very different ways: Firstly, by actual decomposition of the structure, with fœtor and salivation; or Secondly, by its resuming a semi-fluid consistence, and being either expelled through the mouth and nostrils, by expulsive cough, or ejected at will by the patient. I have seen recovery from diphtheritic

* Vide Western Homœopathic Observer, Vol. II., No. 10, page 166.

disease by both these methods, and I would therefore call attention to the appearances presented."

Let us suppose a severe case, such as is termed by many, malignant diphtheria. "The physician is called in the evening, finds the patient with high fever and slight congestion of the fauces, and enlarged parotid, and slight epistaxis. Diphtheria has been prevailing in the neighborhood, and is certainly suspected. The physicians prescribes the appropriate medicines; and finds in the morning a *patch* of membrane from tonsil to tonsil: not a small isolated spot here and there, but a formation of from one to two inches in length. The patient, perhaps, is covered with uniform redness in various parts of the body, and has screamed through the night with pains in the bones. The *same* medicines are continued, the practitioner understands his business and the disease which he would vanquish. Upon examining the fauces in the evening, the membrane has thickened and extended; the pulse is very quick; the breathing is so much impaired that the child can rest but a moment or thereabouts, and then starts up in his sleep with frightful dyspnœa. The rash has increased and the vigilance of the eye is well marked. Still the well selected medicines are continued, and by morning, though there is no perceptible change in any symptoms, yet there has been no *increase* in the exudation. Medicines are exhibited at longer intervals. In the evening, the peculiar odor has given place to the death-like smell of that putrifaction which occurs in living things. When the fauces are examined, the yellowish membrane has become darker and grayish, and has shriveled slightly around its edges. In twelve hours more, the odor has become so palpable that it pervades the whole room, and small particles of a dark decomposed substance have been cast off. This process of mortification may continue until the whole exudation has been removed, accompanied with profuse salivation," etc, We are left to conjecture what the appropriate medicines could possibly be for this case. On what principle are *medicines* administered in any case? does Homœopathy teach simplicity,

or where does the author find in an original Homœopathic work the principle of a double or triple remedy, all to be given in alternation, or all at the same time? on what principle is a medicine, or in this case *the medicines*, continued after the disease has continued to develop itself? Before reading this chapter of the learned author, one would have supposed that the recovery under such circumstances, might be termed "spontaneous" and not dependent on the curative influence of any medicines, especially a variety of them at a time. But considering the recovery under the circumstances stated next to hopeless, certainly very doubtful, the additional and continued administration of various medicines would have taken away the last ray of hope we might have yet entertained for the recovery of the patient. But the author has taught us something "new." And we not only receive these views, but also the explanation of the great success——viz. "the practitioner understands his business and the disease." An explanation and two instructive pieces of information. First, "the practitioner understands his business." We must have been dreaming for thirty years: during that period we imagined ourselves to be members of a *profession*. Of course *that "practitioner"* (the eclectic business man) smiles; but let him smile, *he* also understood the disease and *therefore* continued *the medicines*, to cause additional affliction to the patient suffering under progressive disease. But we think to be able to find the key-note to the new discovery. The knowledge of the disease and good business habits,* enable the "practitioner" to continue his medicines and trust to good luck for the result. On page 28, under "unfavorable symptoms and manner of death," we expected much new and valuable information, considering the accumulated experience of the learned author in this direction. We find the "invasion of the larynx and trachea as evident by the croupy cough—so far as my observations and those of my professional friends tend, may be laid down as almost invariably a *fatal* symptom."

* The celebrated Dr. Sangrado possessed these in an eminent degree.

Lachesis, Bromine, Spongia and Kali bichr., when otherwise indicated, have almost invariably prevented the fatality of this symptom, provided always they were administered according to the Homœopathic law of cures. The formation of diphtheritic exudation in the nose has been omitted. This form finds its remedy often in Kali bichr. Diarrhœa and the passage of pseudo-membrane per rectum, is not only present at an advanced stage of the disease, but have been observed some days (in one case seven days) after the patient was considered convalescent. The few cases of this kind that came under my observation, were adults, and presented themselves for treatment at an advanced stage of the disease: they were very ill, but finally recovered.

"Under Diagnosis between Diphtheria and other diseases," we find perplexing uncertainty still prevailing. We will here state some facts and draw some conclusions for the sake of clearing up this prevailing darkness.

In a public charity in this city, the home of some one hundred and fifty children, mostly from four to twelve years of age, a number became ill. The house had been under Homœopathic treatment for three years, save ten days; and during that period none had died. The attending physician entered on the journal some fourteen cases as suffering from diphtheria. He had prescribed Mercurius jodatus and Nitr. ac. in alternation, and upon leaving them at the expiration of his term of service marked them "convalescent." Later the same cases were reported at a medical society, and that report published in a medical journal, as a proof that Mercurius jod. and Nitr. ac; both in 1-10, would promptly cure diphtheria. Of the convalescent patients, five died during the first three days, from suffocation; the parotid glands and lymphatics in some cases had swollen to such an enormous extent that suffocation prevailed. They all died of—scarlet fever. Not only the purple color of the corpses plainly showed this to be the case, but other circumstances fully explain this fact. The remaining sick children suffered almost all from dropsy before they recovered, this is never the case after diphtheria. The children

next reported sick were treated strictly Homœopathically, and the scarlet fever eruption appeared on the second day. They recovered without the slightest development of diphtheria. All the well children in the house received *one* dose of belladonna 2*m.*; the following days some of the most robust of them complained of head-ache and fever. The number of scarlet fever cases decreased rapidly and became lighter.

From these facts I draw this conclusion,—scarlet fever was the original disease and would have been speedily developed under judicious Homœopathic treatment; the overruling *genius epidemicus* was that of diphtheria, which supervened. It is for this same reason that children suffering from scarlet fever in its most malignant form, may be attacked by diphtheria, when convalescence is looked for at the termination of the original disease. Such cases are very alarming, and can only be saved by a very judicious application of our great law of cure. Again, one of the great and unfailing characteristic symptoms of approaching diphtheria, is a sudden and great prostration which rarely precedes the appearance of scarlet fever.

On page 53 the author speaks of "the *pre-eminent analeptic properties* of the pyro phosphate of iron." Does it not border on the ludicrous to have such antediluvian phrases served up as "Homœopathic?"

Page 55 under "sequelæ," we find this sentence,—"In my own practice, I have observed many of the latter, particularly suppuration in glands, and in the cavities of the nose and ear, also of the lungs; and have observed aphonia, sometimes complete, sometimes partial, with great prostration, continue for weeks after severe invasion." Such results never did follow, never can follow a truly Homœopathic treatment. This sentence is an honest acknowledgment of the legitimate result of truly eclectic practice.

On page 58 to 65 a fatal case is related. All the information it contains, can be summed up in a short sentence. The case was treated without the slightest regard to the

Homœopathic law of cure. A multiplicity of means were used. Iodide of arsenic (which is not proved) did the work. The case is worth reading,—as a warning!

We now arrive at the most interesting part of the book, "*The Treatment.*" On page 100 we find, "When Diphtheria was first noticed, a great many articles were thrust upon the notice of the profession and the public as certain specifics. These have fallen generally into disrepute among the members of the Homœopathic school, as the true character of the disease is better understood." The "better understanding of the true character of the disease," does not assist Homœopathicians in the slightest degree in the treatment of the individual case. If we *generalized*, the author's assertion would be correct; but our school *individualizes*. If we understand the disease ever so well, the finding of a general specific for it remains an absolutely hopeless illusion. Further the physcian who believes with the author (vide p. 85) diphtheria to be a malignant blood disease, can for that reason alone never think of "topical applications."

On page 112 we ultimately find "the treatment;" glorious news indeed, in which we are told, "Gelseminum will *stimulate* better and supercede Aconite; page 113, if Aconite is given, it should be administered in alternation with Gelseminum (tincture) but if the patient begins to complain of sore throat with flushed face, give Belladona and Gelseminum in alternation. If hæmorrhage of the nose should supervene, give Crocus 1st., or Hamamelis tincture, and if doses repeated every 15 minutes do not suffice, nor other treatment, (what treatment?) continue the medicine for the disease and plug the nostrils with a solution of Liquor Ferr. per Sulph." The hæmorrhage by inference, therefore, does not belong to the disease at all, and does not indicate a progress of the disorder in the patient. It must be treated "locally;" and all this is considered by the author "Homœopathic treatment!" and what is the legitimate, the inevitable consequence of such reckless, unscientific, worse than eclectic or allopathic treatment? the answer is found on the 95th page, where the author confesses "to

have had under his care some cases that proceed from bad to worse without a single favorable symptom, rushing onward," etc. We can only hope that this frank and honest statement will prevent others from adopting such eclecticism, and lead them to seek better results, by following Hahnemann's rules explicitly, which demand that each individual case be treated according to its symptoms. On page 124 the author reflects on a report (which he gives in part) made by Dr. C. Hering in 1860, to the American Institute of Homœopathy. After repeated refusals by Dr. Hering to report on the Homœopathic treatment of diphtheria, the Institute at its meeting pressed him to make his report, which will be handed down to posterity as an evidence that true Homœopathy was alive in 1860 and could not be frowned down or trampled under foot by eclectics and mongrels. Since 1860, many a time and oft have the two surviving physicians, who are scorned by our author, and with them all true Homœopathicians,) and their number is rapidly increasing,) prescribed for the dreaded disease with the same happy results under the guidance of the Hahnemannian light. The same well-known characteristic symptoms of the proved medicines have again and again determined the choice of the curative remedy; and in most cases one single dose has cured the patient. In the name of common humanity, the sneering critic should try to find in his Materia Medica the Homœopathic remedy for each individual case. The characteristic symptoms of Lachesis, as he finds them published in the *Review*, will enable him to cure many a case with this often indicated remedy. He may sneer at the black eyes and the blue eyes, and be convulsed with laughter when told that Lachesis cures cases of diphtheria, or of any other throat affection, only when the left side is first invaded, and that in very similar cases in which the disease first attacks the right side, Lycopodium will be the proper remedy. Such observations are only of value to the Homœopathician who individualizes. The eclectic, the mongrel, the materialist, in short all non-homœopathicians ridicule such seemingly trifling symptoms: but do they cure?

On page 125, the tender insinuation is thrown out, that Dr. Hering pretended to have discovered in the Homœopathic Materia Medica a true specific for the malignant form of

diphtheria. Such a hope never has been and never can be entertained by any Homœopathician. The specific for each individual case can be found in our Materia Medica, and more has never been claimed, never can be expected. It is amusing to see the author sneer at the 200th and 2,000th potency, and exclaim on page 165 of the "*Observer*," "there is no other side among true Homœopathists." Does he also subscribe to Mr. Pope's heresy, that a man may believe in the potentiation theory or not; if he only claims to adopt the name he is "*all right*?" And does he still subscribe as before to the heresy of Dr. Holcombe, who among other palpable absurdities, says, that if Hahnemannism was Homœopathy it would have been dead long ago? Does he join Pope and Hempel in the famous but scandalous testimony given at Toronto? And does he think all this a worthy effort to establish on a firmer basis the grand system of medicine, whose founder was the immortal Hahnemann? Immortal—but neither in such diphtheria "treatment," nor in Dr. Holcombe's slanders, nor in Pope's support of Hempelisms.

The learned author is free to choose "his side." But to be better understood, while the startling fact of the presence of an "other side" becomes painfully evident in the Homœopathic literature of the day, with rare exceptions,—as the *American Review*,—while "the other side," habitual perverters of truth and facts, try to make the question of doses the test question; and while they deal blindly and unfairly with all that appertains to the teachings and practice of Hahnemann and his followers, I call their attention to a lecture delivered before the Hahnemennian Institute, February 17th, 1865, and especially to the characteristic distinction, drawn up at its close between the Homœopathicians and the non-homœopathicians, distinctions approved of by the profession (vide American Review, vol. V, page 496,) and among them particularly to the following: "The Homœopathician is liberal, and contends that the whole scale, from the crude natural substance, up to the higher and highest infinitesimals, should be open to the choice and practice of every sensible and candid person.

"The non-homœopathist is illiberal, and contends for appreciable quantities, sneering at the attenuating process and declaring it simply an absurdity."

The question might be quickly and permanently settled if the learned author would define *his* position as a Homœopathician.

THE PHYSIOLOGICAL SCHOOL OF MEDICINE.*

BY AD. LIPPE, M. D.

The learned author of this work defines the position he has chosen for himself, very honestly and without reservation in the preface.

He says on page vii.: "The exploration, the perception, "the estimation, and the discerning of diseases according to "the principles of the Physiological School, have been asserted "by us to be the *highest* and *guiding* principle of any Thera- "pia claiming to be rational, and seeking to be acknow- "ledged, and have been chosen by us as a guide.

"Our (Homœopathic) Therapeutics are supported, where- "ever it was possible, by the Physiological School, and are "therefore in strict logical subordination to that School."

The author represents the so-called Homœopathicians who desire *a compromise* with Allopathy; and he stoops so low as to offer to accept for Homœopathy a subordinate position, in order to obtain the desired acknowledgment of our art among scientific opponents; forgetting that even should they accept the proffered compromise,—against which a strong appeal already is made by Dr. Stens,—the physiolog- ical school would be found to have accepted a hollow nut, a bell without sound—a fiction. The appeal must be based on facts—statistics—practical results; and must be made to the community at large, leaving out of the question the fol- lowers, admirers, and imitators of that precious set of *learned* men—*the Professors of Salamanca.* The unsurpassed results which true Homœopathy has been able to show, would not

* The Homœopathic Therapia based on the Physiological School. By Dr. T. Kafka. 1865.

follow a practice void of all the fundamental principles on which it was founded and still rests. It is proposed to supercede the acknowledged necessity of indvidualizing all cases of sickness by a generalization, and it is promised that to know the pathological condition is paramount to the knowledge of the curative remedy; which latter will spring up like magic to destroy the known enemy—*the disease.* Such are the dreams and shallow promises of this heresy. But so weak is the foundation for these absurd hopes and expectations that the author finds himself unwittingly, and unaware of a palpable contradiction, constrained to acknowledge the fallacy of his propositions. And he returns to first principles, when he says on page xii.:

"We only make use of the various repertories, if we remain in doubt which of the medicines, among those open for choice, has the greatest similarity with the disease and symptoms which we have to treat; after we have obtained an accurate diagnosis, and after grouping together the whole complex of symptoms, after exploring the cause and the character of the disease, we then choose that remedy which corresponds with most of the symptoms, and with the character of the disease."

After all the boasted superiority of the physiological school, and the expressed willingness to accept a subordinate position for Homœopathy, Dr. Kafka and the party he represents, have to choose the remedy as Hahnemann taught them to do,—they admit that it is necessary *to individualize.* Homœopathy thankfully and gratefully accepts, and makes use of all the discoveries of the physiological school and of all the other collateral branches of medical science; but will never seek or accept a subordinate position; nay, the day has come when Allopathy accepts the homœopathic principles one by one.

The useless attempt to amalgamate Homœopathy and Allopathy, but especially to graft Homœopathy on the Physiological School, as the learned author proposes to do, is a *Quixotism* of modern times. We may with propriety com-

pare the representative of this mongrel school to Don Quixote, the physiological school itself to Rosinante, and the coveted prize to the Dulcinea of Tobosa. The modern knight-errant mounts his steed,—which looks like a noble horse at a distance,—and may be mistaken for a Bucephalus by the short-sighted or the dweller among asses, but like the Rosinante of Don Quixote of Cervantes, on closer examination it turns out to be possessed of all the ills that horseflesh is heir to; patient and docile, but breaking down when strength and speed is wanted, and ill-suited to the uses the noble Don attempts to put it to. So we find our quasi knight mounted on the physiological school, breaking down with him in sight of the enemy—disease; and upon closer examination the creature himself is found to be but half-grown, and what there is of him but partly developed, found so by the spectator,—while the valiant knight, taking defeat for victory, and bruises for laurels, goes on his knees in adoration of the imaginary perfect Dulcinea of Tobosa, offering her his heart and his affections, imploring her to listen to his professions of devotion. And when his faithful Sancho tells him that this imaginary beauty is but a servant girl sifting wheat in the barn-yard, and obtaining but few grains from among a mass of chaff, because she does it clumsily, he requests him to disenchant her by applying stripes to his own body. Sancho, who stands in both parallels for the witness in the transaction, declines; so do the lookers on at present. The learned men of the day, like the modern Dulcinea, taken for models of perfection by the adoring but short-sighted modern Quixotes, on close examination are found to be but ordinary individuals clumsily sifting, in the barn-yard of true science, a mass of chaff containing but few grains of wheat, and those far from being ready to impart life and nourishment to the eager progressionist. But we leave the modern Quixote to his fate; his disenchantment to future days, and hope that, like the hero of Cervantes, he may also repent of his follies and burn his books before he dies. The Dulcinea of Tobosa will gradually pine away when true physicians

have learned the historical lesson that the most interested parties, and the most competent to judge, are the people, and not the learned Doctors of Salamanca. Then will there be no more bending of knees before the attractive, imaginarily perfect beauty; and we will leave her to contemplate the follies of the blinded and half-witted slaves of fashion.

It is more than likely that this new work will soon be laid before the medical world in an English translation. Since all books having a tendency to destroy progressive Homœopathy, have always found a publisher ready to profit by the ignorance of his customers. Should such a translation appear, we shall again take up our pen and show to what absurdities the attempted subordination of Homœopathy to the so-called Physiological School has led the author. But at present we can do no better than to call the attention of the reader to an excellent *indirect* Review of this work, in a paper laid before the Homœopathic Societies in Germany, and published in an appendix to the fifth number of the "Allgemeine Homœopathische Zeitung," by Dr. W. Stens, entitled:

"*Theses and remarks dedicated to the Homœopathic Assemblies at Aachen on the 27th of July, and at Weimar on the 10th of August, and recommended for discussion.*"

Our limited space only allows us to give a few passages of this most excellent paper. Dr. Stens says:

1. The collateral medical sciences are the common property of all the methods of cure; the physiological school has therefore no right to claim them as special property.

2. Physiology is not able to explain the healthy life, and for that reason she cannot be applied to for an absolute discernment of the diseased condition, only for its illustration.

4. The Physiological School can only diagnosticate in general, and in many cases not at all, on account of the inability of physiology to explain the internal processes of life, and because it is impossible to draw conclusions respecting the internal processes of life from the pathological revelations obtained by autopsy.

5. We have to treat diseased conditions, diseased persons, —but not diseases,—those impertinent assumptions of the Therapia; for this reason, Diagnosis must be individual and not general. Hence the Therapeutic inefficiency of the Physiological School, which is unable to diagnose individually.

Every method of cure must accept as the highest and guiding principle, the exploration, the discernment and estimation of the diseased condition,—not of the disease,—must therefore make an individual and not a general diagnosis.

7. The Physiological School is only able to diagnosticate in general, and in many cases not at all, and therefore can not be called rational.

10. Homœopathy has conscientiously availed itself for its development, of all such acquirements in medicine as have been made by physics, chemistry, and pathological anatomy, in the same manner as the Physiological School, and therefore is under no obligations to her for these acquirements. It is therefore out of the question that Homœopathy should be subordinate to the Physiological School.

13. Homœopathicians employ, for the determination of the Diagnosis, physical explorations, as well as all other acquirements of medical science, in the same manner as the Physiological School does. But they do not stop at these acquirements, but develop the picture of the disease and of the medicine to its finest and most characteristic minutiæ. These objective results are to the Homœopathician, only the foundation on which he erects the building up to the most perfect and finished form; they are only the first crude outlines, and out of them he finishes the individual picture full of character, by adding the most minute subjective symptoms.

16. While we do not neglect the objective symptoms, we are obliged to acknowledge the subjective as possessing a higher importance, since we are enabled through them alone to form an individual diagnosis, and through that to treat the case successfully.

17. To individualize is the prerogative of Homœopathy; and if we lay more weight on the objective symptoms, and

upon generalizing therefrom, we but destroy its spirit. We cannot, therefore, be too cautious of such efforts, which can only be looked upon as retrogressive, and by which we would lose the greater part of our best and most fortunate cures. Books following this tendency will not advance the acknowledgment and progress of Homœopathy.

19. It is, therefore, the most sacred duty of all Homœopathicians, and especially of the representatives of the Homœopathic press, to protest against this generalizing, not only seven times, but seventy-seven times, viz., continually and forever.

20. Homœopathy is in possession of a physiological Materia Medica, and of guiding principles and rules in her Therapeia,—points which are both wanting in the Physiological School.

21. Homœopathy is in all respects in advance of the Physiological School. It is, therefore, only logical that the fractional part should be subordinate to the undivided whole —the imperfect to the perfect.

22. Since, therefore, it is necessary that the Physiological School should be subordinate to Homœopathy, this School must be embodied in Homœopathy, if it wants to substantiate its claims to be rational and logical.

From the above extracts it is evident that in Europe, as well as here, the attempt is made to drag Homœopathy from the high pedestal on which it was placed by its founder and followers. This opposition has tried of late years to make the question of doses the point of difference between the so-called Hahnemannians and the Pseudo-Homœopathists. The latter had chosen this issue as the natural friends, allies and imitators of the Allopathic School. The pellets, but above all, the High Potencies, which found warm and ardent friends among progressive physicians, were *ridiculed;* logical arguments and substantiated facts were held by them inferior and subordinate to ridicule and slander. The progress of Medicine has not been checked, and ridicule has met, as it always will, with ill success, and ill favor among thinking men.

We fully endorse all and every one of the Theses offered by Dr. Wm. Stens, who so clearly and logically defines the issue between the true Homœopath and the compromising, retrogressive Schismatic.

WESTERN INSTITUTE OF HOMŒOPATHY.

The second annual meeting of that Society was held at St. Louis, on the 18th day of May, 1865.

The most interesting part of the proceedings was a communication from Dr. Hale. advising that members from each State be selected to form committees for the purpose of ascertaining whether the three varieties of Aconite growing in this country were not EQUAL* in medicinal power to those of the old world, and whether the Pulsatilla, which grows in great profusion on the prairies of Wisconsin and Minnesota, would not prove equally as effective as that imported from Germany; and so, in like manner, with other drugs.

The establishing of a journal was next argued, and motion made by Dr. Franklin that the Institute would go into the consideration, was agreed upon.

Dr. Small remarked: "I have long since been convinced that the merging of the several journals into one, and *that* to be the Organ of the Western Institute of Homœopathy would be of decided advantage. It would contribute very much to the interests of the Association, and to the Homœopathic cause in the West; and if such a thing can be effected in a friendly spirit, and all the journals merged into one, it would be one of the grandest enterprises in which we could engage, and I, for one, would pledge myself to support such an undertaking."

The proposition was fairly discussed, its feasibility, and also the propriety that one medical gentleman should take charge of it, and that the editors of the smaller journals should be consulted. Dr. Franklin here said: "The great proportion of original matter in the Eastern journals has been from the West;" and he adds: "It is not my wish that we have a journal which shall be the organ of this Institute alone; but an organ that shall represent the entire West. As Western men, we have long paid tribute to the East, and have received little credit for it. I contend that there is talent enough among us to conduct such a journal, and to conduct it well. We have the men and the means to accomplish this object." Dr. Helmuth said: "There are four things which must be agreed to before we can hope for a shadow of success. First, The money must be raised: it must come first of all; it must be paid down in advance; there must be cash in hand. Second, We must agree as to location where the journal shall be published. Third, We must find the editors. And, Fourth, We must ascertain whether these other journals will agree to the proposed amalgamation." Dr. Lord supported Dr. Helmuth's ideas. Dr. Cole remarked: "I have the same objection in view that is in the mind of Dr. Lord, who says that some one man must devote his time to it. Now, the only way in which it can be done, is to drop two or three of our colleges that are just barely alive, and have

* The equality is almost out of the question; but if those of the Committee will prove the indigenous plants, they will ascertain what they wish to know; and, no doubt, those plants will become very great remedies, especially for indigenous diseases; but the proving must be made on the healthy, as the indigenous plants cannot be substituted, and cannot be considered equal to plants growing in a vastly different climate and on very different soil.—[ED.

one large, influential college. I do not believe there is a physician present that is not ashamed of our colleges." [Voices: "I am not." "I am not."] "It looks to me so. We might have one college, supported by one organ, of which we might be proud." Dr. Ludlam expressed his earnestness on this subject, and thought that Mr. Halsey would take this responsibility.

It was then resolved to appoint a committee of one from the principal cities of each State to confer on the subject of starting a journal. The following day the Committee on the new Journal was appointed, viz.: Drs. Wilson, Ohio; Ludlam, Illinois; Burt, Iowa; Ober, Wisconsin; Bowen, Indiana; Franklin, Missouri; and Rogers, Michigan. Carriages were waiting to convey the members to the Good Samaritan Hospital, and to the Post Hospital at Benton Barracks. After various interesting remarks and reports had been made, Dr. Franklin said: "Your Committee, appointed to superintend the establishing of a Medical Journal, report that, if the Institute will appropriate two hundred dollars for the publication of the journal, they will assume all further pecuniary and other responsibility in its issue, and that they appoint Dr. George E. Shipman, of Chicago, editor, to be assisted by the Committee." The appropriation was made by subscriptions of five dollars. It was agreed that the name of the journal should be: "The United States Medical and Surgical Journal of Homœopathy." Dr. Temple's objection to the periodical being called the "United States Journal," which would imply that all the States were to be represented, whereas it was to be essentially a Western journal and should have a Western title, was disregarded. (The members, no doubt, considered the West to be a part of the United States.)

The Convention was pleasantly concluded by a banquet provided by the St. Louis Medical Society.

FOREIGN NEWS.

The Central Homœopathic Society held its Annual Meeting at Weimar on the 10th of August. Much time was consumed in discussing the propriety of publishing a new edition of Hahnemann's Organon with Notes, under the supervision of the Society.

The impropriety of the last, forged edition of this work, by Lutze, and the prospect of another unauthorized edition by Hahnemann's grandchild, Süs Hahnemann, in London, induced the Society to take this step. And it seems also that little hope is entertained that Madame Hahnemann, who claims the sole right of pubishing this work, will fulfil her promises. For many years has this lady promised the profession the much augmented and improved work of her illustrious husband. And she has now so long disappointed the profession, that it is not to be wondered at that the oldest Homœopathic Society seems ready to supply this want, and at the same time put an end to the shameful attempts to embody spurious material in the Organon.

THE

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INTRODUCTORY ADDRESS

Delivered at the opening of the Eighteenth Annual Session of the Homœopathic Medical College of Pennsylvania.

BY J. H. P. FROST, M. D.

LADIES AND GENTLEMEN:

It seems to me but a few years since it was my privilege to attend the Medical Lectures delivered in these Halls.

And as I stand here to-night, I am forcibly reminded of my own experience during the first and second sessions* of this, the second Homœopathic Medical School instituted in America, if not in the world.†

If our number as students was but small, our hopes were high and our ardor strong. And we sat at the feet of men eminent,—and of great experience in their several departments. Large-hearted men,—who gave their time and labor and money, to build up a School which might worthily represent the advanced state of medical science,—and whose influence and usefulness should continue and even increase and multiply after they had themselves passed away from the sphere of active life.

Founded by such men, in firm faith in the future of Homœopathy, and based on the substantial principles of

* The first session was in the fall and winter of 1848 and '49.

† "The North American Academy of Homœopathic Medicine," was founded at Allentown, Pa., April 10, 1835.

scientific truth, this School was endowed with a vitality which has enabled it to withstand all the changes, and survive all the vicissitudes of subsequent years, and to endure the assaults of foes without, and the still more dangerous influence of pretended friends within, until it has finally drawn to its support hosts of friends in and out of the Profession, and a corps of Teachers, who with unfaltering trust believe in Homœopathy as the best known, and the only true method of healing the sick,—as one of the greatest blessings ever conferred on poor human nature,—and as one of the most important means for the regeneration of humanity itself.

All my classmates, with but two exceptions, so far as I am aware, are still actively and successfully engaged in the practice of their chosen profession. The one, from the Far West, my room-mate,—Charles L. Merriman,—whom I well remember as a man *pure in heart,* of great promise, enthusiastically devoted to Homœopathy and the good of his fellow men,—this one, perhaps "*the noblest Roman of them all,*" was soon after our graduation, summoned to a higher life, and as we fondly hope to a nobler and more extended sphere of usefulness.

The other, Joseph G. Loomis, M.D., a physician of eminence in the Old School, who for six years had practiced medicine and surgery in accordance with the principles of the homœopathic science, attended the lectures given in the Second Session of the College, during which he showed himself no less ardent and thorough in his perseverance in medical studies than he had been in the earlier period of his professional pursuits.

In the fall of 1851 he was unanimously elected Professor of Obstetrics and Diseases of Women and Children; and for two years he filled this chair with distinguished ability.

Professor Loomis was ardent in his exertions to disseminate the principles of medical reform, and one of the early supporters of the Homœopathic Hospital of Pennsylvania—an institution which has already signalized itself as a home for

the invalid stranger, where he can repose full confidence in the care and attention bestowed upon his wants.

So full was the confidence of Professor Loomis in the enterprize of the Hospital, and so profound his faith in the large-hearted liberality of the community in which it was placed, that he never hesitated in his predictions of its final success, or in his earnest efforts to secure it.

He believed that the Homœopathic profession and the enlightened and benevolent patrons of Homœopathy would see in this nascent institution the germ of a vast and flourishing hospital, which, established in the first instance by the friends of Homœopathy, should in turn greatly extend the influence and usefulness of Homœopathy itself; and which by its statistics shewing itself a Charity of the highest, most efficient and economical order, should finally command the grateful support of *all friends of humanity.*

From such great spheres of usefulness, as physician, teacher and philanthropist, Professor Loomis was early called by the Supreme Will—to whom we must all bow—thankful that even in such mysterious dispensations of His Providence we can still believe *He doeth all things well!*

It was on the occasion of the death of the illustrious Hahnemann that Dr. Loomis' attention was first called to the great truths he had taught, and to the important scientific discoveries he had made. So that even from the very moment of his death, the venerable Founder of Homœopathy seemed to live again in this new and worthy disciple. May we not in like manner be stimulated by the life and even by the death of one who wrought so earnestly and well in the great interests, one and indivisible, of Homœopathy and Humanity, to imitate his noble example, and at the same time honor his memory, by no less earnestly laboring to promote the same great aims for which he lived.*

Of the Teachers in this Homœopathic School, in these first

* Professor Loomis died in Syracuse, N. Y., Oct. 25, 1853. See the eloquent Eulogium pronounced on the occasion by his colleague, Professor A. E. Small, now of Chicago.

two sessions, all but two still live, now as then extensively engaged in practice,—witnessing with legitimate pride the remarkable growth of homœopathy even in the short space of time under review,—and enjoying the professional success of their students, pupils and children, who have grown up and settled around them.

All but two, and what a world of meaning do these words imply!

Our first Professor of Anatomy, the lamented Gardiner, was a young man of energy, talents and devotion to the cause of science, an earnest and indefatigable student, and an able and attractive teacher. But the sands of his earthly life ran out with accelerated rapidity, and he passed away, in the very pride of his early manhood, while yet his great talents, his high attainments, his fine sensibilities and warm affections, but dimly shadowed forth what he might have been, had his life been spared.

So fall and fade the loveliest flowers of the field, cut down ere yet it is their season of ripe fruit, by the relentless scythe of the mower.

So pass away, in early life, the fairest and the noblest of mankind; leaving in the great heart of society an aching void, and in large circles of relatives and friends, tender and sacred memories that never die.

Our first Professor of Materia Medica, was Doctor Caleb B. Matthews,—who before he embraced and devoted himself to Homœopathy, enjoyed even in Europe a distinguished reputation for his writings and acquirements in medical science.

He was an honorable, a kind and a large-hearted man, who not unmindful of the difficulties and trials that often beset the students' pathway, knew how to encourage them in their arduous course.

How well I remember my last interview with Professor Matthews, in the summer succeeding our second session. I met him in Third street as he was entering his carriage from visiting a patient. And I was deeply moved as he told me

how ill he had been, and then was, in consequence of having been obliged to spend the hours of the night, often till three in the morning, in writing and preparing his lectures,—after having already gone through his usual hard day's work in attending the sick. His emaciated form and hollow cough, but too manifestly confirmed the gloomy anticipations he already entertained of the shortness of his own life. And not long after, I think in the following spring, he too rested from his labors.

An earnest, devoted, hard working man,—in a city renowned for the eminence of her physicians,—Doctor Matthews was an honor to the Profession, as well in generous feeling and manly virtue as in scientific attainments and professional skill. Anxious to impart all his full share of the instruction in the college, and to lead his classes to a thorough knowledge of the Materia Medica,—he took almost incredible pains with his Lectures, and copiously illustrated the Hahnemannian pathogenesis from the rich treasures of his own experience.

In the midst of his usefulness, Professor Matthews fell a sacrifice to his labors for the college and for Homœopathy.—And by all who knew him and who love the glorious cause to which he devoted himself, he is still remembered with tender affection and profound regret.*

But I am reminded that I am not here to indulge in my own personal feelings and reminiscences; but that I am honored by my colleagues with the grateful charge of addressing you, gentlemen, in their behalf,—and of welcoming you in their name to the Homœopathic Medical College of Pennsylvania.

With one or two exceptions, the same Faculty who taught here last winter, welcome you to-day. But they greet you under new and much more favorable auspices.

With a new and more liberal charter,—with an entirely new legal organization and Board of Trustees,—with the

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* Professor Matthews died in Philadelphia, on the 27th of May, 1851.

College permanently in the hands of the real friends of pure Homœopathy,—with the College buildings renovated and improved,—and with our own hands relieved from the difficulties and burdens of other years,—we extend to you a welcome so much the more warm and hearty, as we feel more than ever prepared to guide you and aid you in your onward course.

The great truths, the fundamental principles of Homœopathy, as developed by Hahnemann himself, and as exemplified in his own practice and in that of his immediate Disciples, the Faculty of this College will endeavor to teach in their purity and simplicity. And in this connection, I trust my senior colleagues will excuse me, if I take the liberty to remind you, gentlemen, of the great advantages you will enjoy from their life-long studies and extensive experience.

But those who imagine that the aim of the friends and teachers of this school is confined to the illustration of the distinctive features of Homœopathy alone, are greatly mistaken. We regard the *Homœopathic Theory* and the *Homœopathic Practice* as the crowning glory of all medical science and of all medical art. And for this very reason we deem it absolutely essential that in all the strictly medical branches, and in all the collateral sciences, the foundations should be laid broad and deep,—in which each separate department of medical and scientific knowledge should furnish its appropriate and indispensable portion. Nothing short of the most thorough and complete instruction and education in all the branches of medical knowledge will meet our views of what Homœopathy needs,—of what society at large requires,—and of what your own highest interests no less absolutely demand.

Having said this much in reply to those who take too narrow a view of what the Homœopathic Medical College of Pennsylvania is designed to be,—let me give you an additional and still higher outline which shall more fully represent the *beau ideal* of its Professors. The laws of Nature,

few perhaps in number, but various in manifestation and unlimited in application, are universal in extent; being successively developed in the lower, in the higher and in the highest created forms. Thus the law of Gravitation, as you well know, extends through all the substances and bodies of the material world. So the *Law of the Similars,* founded on the law of adaptation and correspondence,—which in spirit at least is identical with the law of use,—at the same time appears more intimately connected with the equally universal law of alternation, of action and reaction. This alternate action and reaction belongs alike to the Pulsation of each of the three great centres and sources of life,—the Brain, the Lungs and the Heart,—and so to all healthy vital action;—it belongs also to all perverted and disordered Physiological action, as evidenced in the periodic recurrence and aggravation of many forms of disease; and finally, it belongs no less to all therapeutical medication, as shown in the antagonistic alternation of the primary and secondary pathogenetic symptoms of drugs.

In the same manner, the law of the similars may be traced in all the movements of chemical affinity,—in the phenomena of magnetic attraction and repulsion,—in the remarkable processes involved in electro-plating,—in the elective absorption by plants of their proper nutritive ingredients from the atmosphere and earth,—in the corresponding instinctive vital processes of assimilation in animals and men,—in the adaptation of different kinds of medicines to the different morbid conditions of the system, as well as in the corresponding adaptation of various articles of food to the different normal states,—in the alternations of hope and fear, of joy and sorrow, of affection and dislike, and in the higher and lower states of religious emotion in the human soul.

Thus through all the departments of science, through all the movements of Nature, and through all the forms of vital and spiritual action, we believe we can most certainly trace the law of the similars,—like a silver cord in a cloth of gold,—accompanying the *great law of use,* which controls

and consecrates all finite things, and which as the ultimate, ideal representative of the Infinite Will, may be regarded as their Final Cause.

As the great forces of Nature,—heat, light and electricity,—in the view of modern science are seen to be so correlated as to be mutually convertible,—so all natural, all scientific, all spiritual truths may be seen to be linked together, and to correspond to each other in their successive planes of development. And when thus properly understood, instead of antagonizing each other, they may be seen to be harmonious and to form successive circles in the continually ascending spiral, which reaches from earth to Heaven.

All these laws, principles and truths, and especially the practical systems founded upon them, take their appropriate place in this sublime scale, according to the higher or lower degrees of use, which they are capable of performing.

The use of the Homœopathic system, founded on the law of the similars, which it is the object of this School to teach in the fullest manner, is literally and even in something more than a merely physical sense, the *Healing of the Nations.*

Your great object here, gentlemen, is of course to advance yourselves in your chosen profession. To this one object all your former studies have been but preliminary. And upon your successful prosecution of this object now, will depend all the success of your after life. Hence the general subject of Medical Education seemed to me more suitable to the present occasion, and more likely to prove interesting to you, than any other which I might select. But before proceeding to the more direct discussion of my theme, let me endeavor to impress upon your minds the very important fact that the present advanced and rapidly advancing state of general science, the increased and still constantly increasing intelligence in society at large,—and the consequent actual necessities of your chosen profession, demand of you a much higher grade of medical education than that which has been deemed sufficient in days gone by.

All other departments of science and art are making great strides, keeping step with the progressive spirit of the age. And even in the Allopathic Medical Schools, a high degree of excellence has been obtained in the various collateral branches of medical knowledge. But the Allopathic portion of the medical profession, intensely and professedly conservative, by its persistent repression of all forms of practical progress within itself, devolves solely upon the Homœopathic branch, the exclusive duty and high responsibility of maintaining the standard of practical medicine on the advanced outposts of science.

Hence it becomes of the last importance that while we perfect ourselves in the great principles of the Homœopathic Therapeia, and become familiar with the Hahnemannian Materia Medica, we should at the same time lay broad and deep the foundations of our knowledge of all the collateral sciences; and make ourselves acquainted with all the recent discoveries and improvements that may relate to the healing art. Thus while studiously attentive to secure a masterly knowledge of those departments in which the New School is so far in advance of the Old, we should be none the less careful to give all due attention to those important collateral branches of medical science which, in the Old School have been carried to such great perfection. At the risk of repetition, let me urge upon you, gentlemen, the serious importance of this point. And even if no other reasons offered, we should find in the people themselves,—a large portion of the more enlightened and highly educated of whom, I am proud to say, are ardent supporters of Homœopathy,—among the people themselves we should find ample evidence of the necessity of higher and more thorough attainments in our profession. Of Anatomy and Physiology, of diseases and of many other subjects more or less intimately connected with the practice of medicine, no small amount of knowledge may now be found in every community. And the young physician will often come in contact with such shrewdness of observation and soundness of judgment among the people,

as will compel him to be exceedingly wary in his own statements of the nature, course, and probable termination of particular cases of disease. Here turning up the nose and exclaiming "old women," will not answer the purpose. For *knowledge* is *power,* by whomsoever possessed. And people are so constituted that they can have but small respect for a "Medical Doctor" as they call him, who on his own ground seems to know less than they do themselves.

The spirit of the age and hence the very life and success of the young physician, require that in general science and in general information, as well as in acquirements more strictly professional, he should come to his work far more thoroughly furnished than had formerly been deemed essential. And however skilled he may be in the principles and practical details of his profession,—if he has no general knowledge, and no ideas outside the immediate range of his business, he will most certainly fail to command that respect from the more intelligent portion of the community, which is at once so important to the cause of Homœopathy and so indispensable to his own highest success.

The true physician should be a man among men. Nor will it by any means detract from that personal influence and weight of character which go so far to ensure the confidence of the community, if while strictly attending to his own duties he can still discuss the affairs of the nation, and the leading interests in the political, social and religious world, on an equal footing with the most intelligent of his neighbors. Not that I advise you, gentlemen, to imitate the Gossip or the Politician. But the Physician must be social rather than taciturn. And I think there are few communities whose esteem is worth possessing, who will not sooner or later become weary of listening to a man whose whole conversation consists in abusing his brother physicians, or in relating the wonderful cures he has himself performed.

Through all the grades of society the sphere of the Physician is most widely extended. In the hovels of the lowly, and in the mansions of the wealthy, he must seek to forestall

the footsteps of the grim visitor who knocks at every door alike. Into the hands of the physician are committed the most sacred and the most important trusts. Called to the side of the young mother, he becomes her sole dependence in her hour of sorest need and greatest danger. Summoned to the sick it may be in the most violent and rapidly destructive forms of disease, he knows that if he does not rightly improve the precious hours or even moments, all possibility of human help will have passed away forever. The strong man, prostrated by intense pain, or with limbs crushed or wounded by accident, looks to him for relief. The beautiful child, the idol of the household, lies at the point of death, and the distressed father and the almost broken-hearted mother turn to him as their only hope. But why do I multiply illustrations of what is already familiar to you? In all the most dear and tender relations of social life,—in cases most important to the well-being of families,—as well as in those of consequence to the State, the issues of life are confided to the hands of the physician.

But more than all this,—it may happen to each of you, gentlemen, as it has to others, to see entire communities, terrified by some fatal epidemic or widely-spreading pestilence, looking to you for that professional aid which, however despised before, is now felt to be as precious as the very breath of life.

It is from such contests with diphtheria and cholera and yellow fever, that Homœopathy has become a household word among thousands to whom it was before unknown. And it must always be regarded as one of the most splendid proofs of the Homœopathic system, that ever after the prevalence of such terrible epidemics it is found to have secured a stronger and more extended hold upon the community.

And here let me remark that many so-called Homœopathic physicians fail to do credit to themselves and justice to the noble system they profess to practice, by contenting themselves with too low a standard of cure, too easily taking it for granted that their patients must die. To save life is the

sacred duty, the solemn responsibility of the physician. And in all cases not actually moribund, he ought to have faith enough in himself and in Homœopathy, *to be willing to try.* And while the true physician in such extreme cases will make little promise or pretension,—still less will he dare to "shut the gates of mercy on mankind," by coldly announcing that he can do nothing. The records of Homœopathy show that many such, to all appearance, utterly hopeless cases, have been entirely recovered by the careful administration of the appropriate remedies.

Do you ask, who then is sufficient for these things? I answer,—no physician, however highly educated, should believe himself perfectly qualified to meet any possible case that may arise. But every physician will be able to do all that human means can accomplish, and thus clear his own conscience, just in proportion as he is himself thoroughly furnished and prepared for his work.

Thus the elevated standard of medical education in the schools,—the increased and constantly increasing intelligence in the community at large,—and the important interests and serious responsibilities which must devolve upon you, demand of you, gentlemen, that you set your own standard high. You must work for great things, and expect great things.

To the skilful and successful physician, society opens bright prospects and offers large reward. The empiric, the pretender, the quack may have a temporary success. But every community will sooner or later discover who can best heal the sick,—and who can be most surely depended on to save life. And the patient pains-taking Homœopathician, however humble may be his original position, if he but prove true to the glorious cause which he represents, may confidently look forward to the time when he shall be regarded as a public benefactor.

But a profession so extended, embracing all that is most sacred and tender in society, and all that is most important to the State in the preservation of human life,—a career so

noble and glorious and promising such large reward, requires the most ample, the most thorough, the most extended and complete preparation. With such preparation, even the young physician may expect to enjoy the exquisite delight of healing the sick,—of wresting his victim from the grasp of the destroying angel, and it may be the still more sublime satisfaction of staying the march of the pestilence that walketh at noonday and wasteth at midnight. And such delight and proud satisfaction, heightened by the grateful blessings of the poor "who were ready to perish," will seem to him infinitely more precious than all the honors or wealth the rich can bestow.

Some one of the ancients remarked that it was necessary for the orator to know everything. The same remark seems even more applicable to the physician of modern times. For there is scarcely any department in the vast and varied range of science, which may not be made useful to the practitioner of the Healing Art;—while many are indispensably necessary. But time would fail me were I to attempt to speak of them all. Let me then briefly recall to you the various branches of our own Collegiate course,—in which the several Professors will seek to lead you to a knowledge of those things most essential, and at the same time prepare the way for your own continued progress in the great fields of medical and general science.

In *Chemistry*, organic as well as inorganic, the physician finds the ultimate and the proximate principles and elements which enter into the composition of the human body. Here too he finds the nature, sources and primary forms of the various articles of food,—and the most important chemicals which become antidotes to poisons or remedies for disease. Here too we make our first acquaintance with chemical affinity, and heat, light, electricity, galvanism and magnetism,—those wonderful forces, formerly termed *imponderabilia*, but now believed to be but forms or modes of motion, or motive force. In the light of modern science, these forces, mutually interchangeable and correlative, are seen to be also

indestructible,—appearing and reappearing in successive inorganic forms,—still the same individual forces or their equivalents, which pervade and control the entire material world.

These same forces again appear in the animate and inanimate forms of the organic world,—in the successive growths of plants, races of animals and generations of men. Here these forces are combined with the still more wonderful principle which we call life,—and which, if organic chemistry has as yet failed to reach and reveal it, she still keeps in view; since it shows how the decay and even death of the part,—as well in the lower as in the higher species,—is made the source of the progressive life of the whole. In the leaves of plants as well as in the lungs and still more interior vital organs of animals and men, chemical processes are constantly going on. Thus you see that chemistry not only lies at the foundation of all medical science,—but that its influence extends also to the most interior functions of human physiology.

In *Anatomy* you have set before you the parts, structures, organs and systems that make up the human form divine. Each one of these demands your earnest attention, as well from possessing a certain form of life of its own, as from its perfect adaptation to its own specific use and function, and its indispensableness to the whole to which it belongs.

And although the *subjects* presented for examination, may be but dead cold forms, the last remains of those whom untoward circumstances or their own evil courses have placed low in the scale of being,—yet will every true student regard them with profound respect. For even these forms are the complete representatives, in passion and sensation, in action and expression, of all that the soul of man can accomplish through the body as its instrument. And more than all, at the sight of the humblest of these forms, which still bear the human impress, the student cannot but remember their relation to our common humanity, and so regard them with a tender feeling on the one hand,—and on the other he cannot but be sensible that even in the stern majesty of death they

still retain the *shape* of the Divine image in which they were made, and still remind him, by contrast, of the infinite Divine life which once inspired them. The human form is the manifested development of the Divine ideal; and even in death still speaks of the high powers with which it was endowed and of the high uses for which it was appointed.

In *Physiology* the student investigates the laws of life, and the single and collective uses of the various tissues and organized structures which make up the whole body and whose combined life is the life of the whole. He sees the human body in life, like a wonderful piece of mechanism,—wheel within wheel,—each part pursuing its individual end, as if possessing life in itself,—yet each dependent on every other and on the whole, and the whole no less dependent on each. The influences which promote and sustain this life he studies with anxious care. The laws of development, of rise and of decline, command his sedulous attention; and he also regards no less anxiously the malign influences of the transgression of the natural laws, of exposure and of accident, all which tend to disturb and shorten life.

Even as chemistry,—which we have already shown you to be indispensable to the physician,—embraces within its limits all the substances and laws of the inorganic world, so physiology,—which is if possible still more essential to the practitioner of the healing art,—comprehends within its all-embracing sway all the laws and all the activities of the organic world.

In the human form are combined all the principal substances of the material world and all the lower laws of Nature,—and by the higher influence of the vital principle, they are all elevated and consecrated to the uses of man. Hence to the physician the study of physiology seems doubly important, since it comprises the study of the uses of all the innumerable organs and structures which compose the human body, the uses of the whole body, and the psychological relations it sustains to the soul which inhabits it and employs it as its instrument.

Here without neglecting the facts and phenomena of observation and experience, we shall seek to inculcate principles; to rise above the material, the chemical and the physical elements, and to realize that we stand in the higher presence of the vital force.

Not that we undertake to solve the mystery of the problem of life,—not that we shall invite you to spend your time in vain and fruitless speculations,—not that we would lead you to exchange the solid results of true scientific study for the more brilliant *ignis fatuus* of theory: but we believe that while it is only through the study of the facts and phenomena of physiology that we can become acquainted with the higher principles which inspire them, so on the other hand we believe that it is only through a careful study of these spiritual principles that we can properly understand the physical facts themselves. For in Physiology as in Theology, the letter killeth, while the spirit giveth life.

And here we come to *Psychology*, or the point of contact of matter with spirit, of body with soul. And it is in this single direction we believe that all future scientific advance, as well Physiological and Pathological as Therapeutical, must needs be made. The deeps of the alembic and the crucible have given up the last of their dead. Destructive analysis can no further go. And the Ultima Thule of microscopic observation among the living has no less certainly been reached. Beyond is the kingdom of Psychology. And from the rich fruits yet to be gathered in this hitherto unexplored territory, must be furnished the future feast of reason and the flow of soul, alike for students and professors.

As in all other scientific investigations, we begin at the outer edge with the more gross and obvious facts and phenomena, advancing towards the centre and interior,—so in Physiology, we gradually surmount the barriers which separate us from the central problem of life itself. Hence it is in this same direction we must look for the future advance in Pathogenesis and Therapeutics,—in the exploration of the powers of drugs and in the application of remedies to reach

disease in its remotest and profoundest sources. And here the attenuated, potentized, infinitesimal medicines, with their well-established dynamic power, come to encourage and confirm us in our onward course, by securing to us some positive, utilitarian, curative results, even in these ulterior and transcendental researches. For the law of the similars not only takes its appropriate place in the circle of scientific truths, but it still further confirms its own truth and establishes its own position, by proving its intimate relation to the great master-principle and higher law of use, and by showing itself so much the more profoundly useful the more profoundly we investigate its principles and employ its forces.

To the department of *Surgery*,—as well as of its chief ally, practical Anatomy,—you will necessarily pay the most marked attention. Surgery is the *opprobrium medicorum;* and many students as well as physicians are too much inclined to neglect it. As generally practiced, Surgery is too often an injury rather than a blessing to mankind. As recklessly practiced,—especially of late in the army,—it seems little better than a relic of savage barbarism,—a disgrace to the profession and a serious misfortune to those whom it has needlessly condemned to the loss of limbs if not of life.

Instead of being unnecessarily thrust upon the unfortunate, operations should always be regarded as a last resort,—and as a reproach to the surgeon himself, whose pride it should be to heal the wounds and cure the diseases instead of consigning them to the knife.

Still Surgery itself is a high and noble art. How, indeed, could it be otherwise considered, when we remember that its successful prosecution calls into active exercise the highest physical, mental and moral qualities? A noble art,—which, in the hands of its great masters, has all but achieved impossibilities in surmounting physical obstructions to life and comfort. And to none connected with the liberal professions, does society offer higher honors, or a more ample

remuneration, than to the accomplished and successful surgeon.

And notwithstanding all the sneers of the superficial opponents of Homœopathy, there is a *high art* even in Homœopathic Surgery, by which much, very much, may be done beyond all that can possibly be accomplished by the usual instruments and appliances. By the proper use of Homœopathic remedies, operations are often rendered unnecessary; while in other cases they become less dangerous and far more completely successful. Hence it is very greatly to be regretted that this branch of the profession has been so much neglected by Homœopathicians. They may indeed be constantly occupied in the practice of medicine, and command an ample income. But the fact that many Homœopathic physicians do not practice Surgery, has induced in the public mind the impression not only that Homœopathy itself was deficient here, but also that their own education might be wanting in other respects as well as in this. An impression which our kind-hearted brethren of the other schools have assiduously cultivated. All this tends greatly to weaken the respect which the people should feel towards Homœopathy, and which they would feel, if, in addition to their acknowledged skill in the treatment of disease, its practitioners were,—as indeed they ought to be,—always prepared to attend to any surgical cases which might arise from accident, or occur in their ordinary practice.

As in Physiology you study the human system in its normal condition,—so in the department of *Special Pathology and Diagnostics* you investigate the forms of disease, or more properly speaking the forms and results of disordered vital action. This department may be divided into *Ætiology*, or the study of the causes of such disorder,—*Symptomatology*, or the study of the subjective symptoms themselves, especially the sensational and functional—and *Special Pathology*, which in this connection may be considered to have more particular relation to the objective symptoms,—to the physical and structural changes resulting from disordered physiological

action. And here you will be impressed with the importance of a more profound study of the causes of disease; as well for the sake of more thoroughly appreciating the nature of the symptoms and of tracing them back to their common origin, and thus of forming some sound and reliable diagnosis, as for the sake of avoiding the morbific causes themselves.

The modifying influence which the Homœopathic system exerts upon the Allopathic, becomes more evidently manifest year by year. But in no one branch of medical science does this change more plainly reveal itself than in this of Special Pathology and Diagnosis. Instead of roughly classifying the case of disease under some pathological name, and then treating this man of straw as a personal reality, the Allopaths, or some of them at least, now profess to consider the symptoms as the disease itself, and to treat them as such, even though they may not know on what these symptoms essentially depend.

It is indeed gratifying and encouraging to mark how the Old School, enlightened as well as influenced by the New, is coming up to occupy the platform established by Hahnemann fifty years ago. And although this may not be generally admitted as yet, still it must be regarded as a great step for even part of the Allopathic School to take,—to recognize in the morbid symptoms merely the evidences of disordered vital action; and not, as formerly, to regard them as the manifestations of some independent disease, which, like "an unclean spirit," had taken possession of the poor patient's body, and which must be sucked out by leeches, cast out by emetics or cathartics, expelled by sudorifics, or by means of venesection *ad deliquiam*, invited to sail forth on streams of the vital fluid.

With the lancet for a trowel, the Allopaths have often built "a bridge of gold for the departing enemy,"—while but too often indeed has the enemy made it a "bridge of sighs," and taken the unfortunate patient along with itself.

In thus recently admitting that the symptoms, to all prac-

tical purposes at least, are all the disease, the Allopaths have indeed, though unconsciously, made a great advance in the right direction. But they are still controlled by their old Pathology, and while thus groping for what they term pathognomic indications, they are still a long way from the beacon-light of the characteristic symptoms.

And in the same manner they show signs of progress, in seeking for specifics, in contravention of their former professed rejection of such remedies. But they will nevertheless still wander in the wilderness of uncertainty, till they strike the grand highway of Pathogenesis. Then, when they come to match the characteristic symptoms of the sick with the characteristic symptoms of the corresponding remedy, they will be ready to cry *Eureka!*

And then, of course, entirely ignoring the fact that the Homœopathic law alone illumines, with a flash of scientific light, the thick darkness of Allopathic ages, they will proceed, as in other cases, to appropriate the valuable results of the Homœopathic system, while at the same time they deny its truth. But it is enough for us that "the world moves," and that the truth prevails, and that (as *crescit eundo*) we may hope to see it still more and more prevail.

As where death is inevitable, it is the duty of the physician to do all in his power to relieve and comfort the departing patient, by careful attention even to the very close of life,—so on the other hand it becomes his duty to watch over and remove the disorders and to guard against the perils of approaching maternity, and with tender solicitude to minister to the new-born candidate for the dangerous crown of human life.

In *Obstetrics* and the *Diseases of Women and Children*, you will find, gentlemen, a sphere of usefulness of especial interest to the Homœopathic physician; since here are displayed in the most remarkable manner the far-reaching and anticipative powers of the Homœopathic system and the astonishing virtues of the Homœopathic remedies. As it is the glory of medicine, as compared with surgery, to heal the diseased

and crushed and wounded limbs instead of amputating them, so it is the glory of Homœopathy, as compared with all other medical systems, to anticipate and prevent diseases and even deformities, which these other systems so often in vain attempt to remedy after they are actually developed. And as you will learn from the Lectures given in this School on this subject, the present comfort and future health and safety of the mother, and in the child the exemption from the blemishes and even more serious deformities and idiotic tendencies which so often disappoint the fond hopes of the parents, may be in a great measure secured by the skillful use of the appropriate Homœopathic medicines.

Thus under the benign influence of Homœopathy commences the fundamental regeneration of the human race; since wherever carefully and persistently employed, it tends to secure sound minds in sound bodies. And as it is the crowning glory of Christianity, as compared with all other systems of religious faith, that it elevates woman to her proper place in the scale of being,—so it is the peculiar merit of Homœopathy, as compared with other systems of practice, that through a corresponding amelioration of the physical condition of the mother it seeks the physical and psychical regeneration of the entire human race.

In the study of the *Materia Medica*, gentlemen, you come to tread in the immediate footsteps of the great Master. The inductive process through which he arrived at the law of the similars, based on the most extended and minute observation, and illustrated by the medical literature of the world down to his own time, has been most amply confirmed by the subsequent experience of thousands of physicians and of hundreds of thousands of patients. With the single exception of the law of gravitation, no other principle in science has ever been supported by a tenth of the personal, corroborative and accumulative proof that has attended and still attends this. As the sceptic is referred to the continued growth and constantly increasing power of Christianity in testimony of its living truth,—so we can point the opponents

of Homœopathy to its own self-evident existence, as an actual fact; as a comprehensive and growing system, based on substantial scientific principles,—rich in its literature, richer still in its treasures of practical medicine,—principle and practice alike proved, re-proved and confirmed by the clinical experience of more than fifty years.

From your Professor of Materia Medica, you will learn the scope and sphere, the leading, the prominent and above all the characteristic symptoms of the principal Homœopathic remedies. Let them sink deep into your minds. And around these skeletons, as it were, of the drugs, you can cluster and classify and crystallize the innumerable other symptoms,—thousands of them it may be,—which you can never hope to learn by rote; but which so arranged in your minds you can depend on finding in their proper places when you need them.

Thus shall each Homœopathic remedy become in your hands a powerful and yet convenient instrument with which to attack the Hydra-headed and Protean monster Disease. Make sure then of the Materia Medica, for on this hang all the law and the prophets of medical science and medical art.

When in the actual *Practice of Medicine,* the young physician comes face to face with the sick, all fine-spun theories and ingenious speculations vanish in the stern contest of life with death. Then all the resources of memory, all the energies of the intellectual and perceptive faculties, and the still higher powers of the reason and judgment must be concentrated and made to flow in the narrow channel of practical rules. It was into a few such practical rules that the illustrious Hahnemann condensed all the medical wisdom which he acquired by the unequalled study and experience of his long and noble life. And permit me to remind you, gentlemen, that from your present Professor of the Institutes and Practice, you may well expect to receive Homœopathy pure and undefiled, since he received its precepts and doctrines from no second hand, but from the living, "winged words" of Hahnemann himself!

The examination of the sick is an art to be directed by proper scientific rules. The appreciation of the condition of the sick is an art dependent on the special application of scientific knowledge of the relative value and importance and significance of the apparent symptoms. And finally the selection of the appropriate remedy is an art, dependent on the practical application of the great law of the similars to the individual cases of the ever-varying forms of disease.

There are those, deeming themselves Homœopaths even, who, misled perhaps by the Allopathic clamor and ridicule of what they term "symptom-covering," seem ashamed to enter by the common door of Homœopathy, but seek to "climb up some other way;" and inventing some theory of their own, in which they almost invariably place the cart before the horse, imagine themselves to have risen superior to the law of the similars.

Such persons, with their minds obscured by the conceit of their own ideas,—which, if they did but know it, are in most cases old and long-ago exploded errors,—fail to see that in the symptoms we but study the *original language of nature herself;* and that in applying the corresponding remedies we are but reducing to practice the grandest, most comprehensive and beneficent of all her laws!

As in surgery, so in the practice of medicine the highest mental and moral qualities are called into action. The prompt decision of the sound judgment,—which alone is the sum and substance of mental and moral power in man,—the rich treasures of memory, and the varied acquisitions of experience, must be ready at a moment's notice, and efficient in the midst of the greatest excitement and confusion, in the presence of the most frightful symptoms and of the most appalling dangers. When all the rest are beside themselves, the physician must be cool and calm and collected; and instead of yielding to the prevailing excitement, he must restore order in the sick-room, while at the same time he seeks to remove the cause of the alarm.

Decision of character and firmness of purpose are no less

absolutely essential; since it will often be necessary to adhere to the strict line of duty in the face of the most pressing entreaties on the part of the friends of the patient, to give something "to relieve the pain;" for to stop to palliate is too often to give up the hope of curing. And yet this essential firmness should be so tempered with gentleness, as not to degenerate into obstinacy. For we should always be willing to listen respectfully to the wishes of others, even if we do not expect to be able to follow them. And we should always be ready to recognize and receive the truth, from whatever source it comes. *No man, no physician is truly wise, who knows too much to learn.* In the practice of medicine, we are all still pupils in the great school of Nature; where by stooping we may sometimes learn to conquer, and where by becoming as little children, we shall always "add to our knowledge experience, and to our experience hope,"—the hope of still greater success in future.

Thus, gentlemen, I have endeavored to call up before you the several departments of Medical Education as taught in the Homœopathic Medical College of Pennsylvania,—in such manner as time would allow,—and, as I trust, without trespassing upon the peculiar province, or compromising the views of the respective Professors.

And in conclusion, with thanks to you, and to this whole audience, for your kind attention, permit me to express the hope, that we as teachers may so perform our duties, and you as students so improve your opportunities, that in after years you may ever remember this Session as the most pleasant and profitable portion of your whole lives.

THE NEW EDITION OF THE ORGANON;

LETTER FROM MADAME HAHNEMANN.

Upon receiving information that two new editions of the Organon were to appear, and one of them having actually appeared in print and proved itself to be full of errors and falsifications, the Faculty of the Homœopathic College of Pennsylvania at once joined in the Protest raised against this falsified work by the Homœopathic Press of Germany, and at the same time invited the Homœopathic Societies in the United States to unite with them in that Protest.

Such were all the negative measures the College as such could bring to bear against these falsifications. As a positive measure, the Faculty wrote to Madame Hahnemann, stating to her that the former translations of the Organon, published in the English language, in the United States and in Great Britain, were full of errors. And in order that a correct translation might be secured to the Profession, the Faculty offered their services to her; pledging themselves to translate this great work without omissions or alterations.

To this letter an answer dated Sept. 25th, was received on the 10th inst.; a translation of which we now publish. It was directed to C. Hering, M. D., and reads as follows:

"MY DEAR AND EXCELLENT DOCTOR AND FRIEND.

I have received the letter which you and the physicians who signed it have collectively addressed to me, concerning the literal translation of the Organon into the English language, of which the original MS. is in my possession.

I am very glad that you will make this translation, because then I shall be certain it will be done with fidelity and perfection.

It is certainly not from any indifference that I have delayed so long to say to you how much I approve of your proposition; this delay was caused by the desire that I might be able to announce the beginning of the printing of this book, of which I would have immediately sent you a copy.

A first copy, though made in my house and from the MS., proved so faulty and incorrect that it was impossible to make any use of it.

Like you, I would not permit that a single word of the sacred text should be changed. I have consequently been obliged to have a new copy made, and this time *in my presence and under my eyes.* This copy is now making at such hours as I can superintend it, this will delay the finishing of it a little. As soon as it is completed and the printing commenced, I will send you the sheets as they are printed, they will be forwarded to you through Mr. Bigelow, my friend and your Ambassador at Paris.

* * * * * * * *

I regret very much that you have not received my previous letters, which contained communications respecting some unpublished medicines, which would have interested you.

Be good enough to offer my compliments to the physicians who joined you in writing to me, and say to them that I honor and esteem them as the faithful disciples who are intent to promulgate the true doctrine of the Master, as he created and perfected it.

Accept the expression of my admiration for your labors, and my wishes for your health and happiness.

M. HAHNEMANN.

Paris, 54 Foubourg St. Honoré."

The Faculty of the Homœopathic Medical College of Pennsylvania have made an arrangement to have published immediately, upon the receipt of the original, a correct translation of this great work; and the publishers will issue a circular giving notice of the manner and terms of publication.

A. L.

CACTUS GRANDIFLORUS.

BY AD. LIPPE, M. D.

This remedy has been but lately introduced into our Materia Medica. The provings and reports of its curative powers, incorporated in a valuable essay, by Dr. Rocco Rubini, and presented to the English reading Homœopathicians, but a short time ago, in a careful translation, enable me to give a report of its therapeutical use, to confirm the pathogenesis of the remedy, and to add a few new observations.

Before doing so it may be well to say something in general about the introduction of new remedies. The views of Dr. Russell as expressed in his note to Cactus grand., supply a good text on which to base our remarks. He says, in that note,* which is copied in my translation, page 30: "So small a number of the multitude of medicines fulfil the expectation raised by the terms employed by those who introduce them to our notice, that busy practitioners may well be pardoned if they inquire somewhat suspiciously for the credentials of a new candidate for their attention: and as the name of Dr. Rubini may probably not be familiar to most of the readers of this journal, some account of the way in which this proving of *Cactus* came over to us may satisfy the legitimate curiosity of our colleagues, and, perhaps, induce them to receive the new comer with more cordiality than if he presented himself as a stranger without any introduction."

From this first sentence of Dr. Russell's note, we take the following proposition for consideration. "Busy practitioners inquire somewhat suspiciously for the credentials of a new

* British Journal of Homœopathy, No. XC., Oct. '64, p. 543.

candidate for their attention." That practitioners, especially the busy practitioner, inquire into new remedies is a very natural thing—nay, it is their duty; and that they are suspicious is again very natural, as deception in that direction has been practiced, as in the case of Fickel. But the question we wish now to dwell upon is this. Is a new candidate expected to lay *credentials* before the practitioner? and what credentials are supposed necessary and admissible? Do we live in a republic of science, or must we imitate the Allopathic School, in their hereditary presumptions, their exclusiveness, their aversion to everything new, their opposition to all discoveries not emanating from their own high authorities? The stranger presenting himself for admission, is a new remedy, he can appear in a variety of dresses or forms. He may come as a specific for specific diseases, as for instance, Mephitis for Hooping Cough or Crotalus for Yellow Fever, etc. If the stranger in *that* dress knocks at the door of Homœopathy it must be informed that it asks admittance at the wrong door and be advised to apply at the door of Specificists, alias Eclectics, alias Syncretists; as a home might be found there, at least, for a time. But if the stranger says, here I am, I have been proved, several persons partook of me and they have put on record all and every change of sensation produced by me on them, will you look at me, and if you see a sick person who complains, as did the provers, I think, with the aid of the Hahnemannian light I can show you how these complaints will take flight as I enter, therefore try me, and I shall abide by the experiment. So comes the stranger, we know him, but do not know the prover or provers or the recorder of facts personally, they are all alike strangers to us. Is it in good taste, is it logical and sensible to ask the recorder of facts for his credentials? Can these credentials, even if written on rose-colored paper by the most reliable of ladies, strengthen or weaken, alter or change the facts? The stranger will be judged by the initiated without any such *formalities*. Can we not know whether a man relating an occurrence, speaks truth or fiction; does not his own story

carry with it a conviction of truth or untruth? Will not the experienced jurist at once detect the falsification of facts by an untruthful witness? Could the skilled naturalist be deceived, should a fictitious animal or plant be described to him? Would he not be enabled to detect the fiction at once? So with us. Every proving carries with itself truth or falsehood, harmony or discord, and they are the only credentials possible or needed. Provings have been ignored, and why? We find an instance of this kind in the Annals of the British Homœopathic Society, No. XVII., September, 1864, page 403. Where Dr. Chapman (in the chair), in the discussion on "The Alternation of Medicines," and speaking of *Aloes*, says: *"It is yet no proved drug."* It could not be supposed for a moment that Dr. Chapman, presiding over the British Homœopathic Society, was not aware that Aloes had been proved by Dr. Helbig and others as early as 1833; that Dr. Buckner published provings and notes on Aloes in 1841, Allgemeine Homœopathische Zeitung, Vol. 20, p. 263; that Dr. Roth published a report on Aloes in the Revue Critique; that an article was published by Giacomini in the Trattato Filosofico-sperimentale; that finally Dr. C. Hering published a very valuable pathogenesis of Aloes, comprising all the former publications and his own provings, filling one hundred and eighteen pages in his Americanische Arzneiprufungen, in 1857, a translation of which is now given in the American Homœopathic Review. Dr. C. must have had some other potent reason for denying to the provings of the Aloes admittance into good society, at least in England. Should these lines fall under the notice of Dr. Chapman, he would much gratify one of the transatlantic Homœopathicians by giving an explanation. Does our learned colleague refuse admittance to all of Dr. C. Hering's valuable provings, or only to that of Aloes, and wherefore?

Cactus grandiflorus fared better, and on being properly and ceremoniously introduced, it went to the *"Translator;"* when translated, and with all its omissions and errors, it went over the Continent, and was republished in Leipzig; it crossed the

Atlantic, and was reprinted in the Review. *The Translator* is no stranger to us, and is known as the champion of a literature exposed as unreliable and falsified, full of innumerable omissions and perversions; and also for his peculiar ideas in the German translation of *Fuss* with *Leg*, persistently insisting that no one should venture to correct it; considering himself and his dictum far above the authority of dictionaries and philology. And therefore our temerity was certainly pardonable if we rather suspiciously inquired into the reliability and correctness of the "translation." The result of this inquiry was a *re-translation* of Dr. Rocco Rubini's little work.

Being now in possession of the original provings, these provings conveying without doubt an earnest of their truthfulness and reliability, the next thing to be done was to test this conviction by experiment. There was but one possible mode by which this could be done. The medicine had to be given in cases in which the changed condition of the sensations of the patient corresponded with those of the remedy. The medicine was obtained from Dr. Rubini himself, as no true test could be properly applied, no reliable experiment be made with any other preparation.

Supposing some of the very learned doctors should say: "The *Cactus grandiflorus* is easily obtained; I have a night-blooming Cereus in my possession, or my friend has it in his hot-house: by taking a flower at midnight and making the alcoholic tincture, we can administer it at once." What would the result be but a failure? The two plants being quite different, no quantity of the tincture would fulfil the expectation and the terms employed by Dr. Rubini, and what would follow? The provings and the remedy would be put aside as unreliable, as a fiction. Even admitting, for the sake of argument, that the same plant either grew here wild, or, worse, was raised artificially in hot-houses, would it be prudent, safe, or consistent, to make the first clinical experiment with any other preparation than the one used and applied for the experimental provings? The climate, the soil, the seasons, all the solar and lunar influences, as well as a variety of other

causes, must certainly modify and change the medicinal powers of the plant.

The admittance of the new candidate will surely depend upon the result of the experiment, and on nothing else. If the proving is a fiction, as were those of Dr. Fickel, the fraud will be detected by the knowing ones now, as it was in 1836 by C. G. Helbig, M. D., who critically proved that Fickel's productions were and could be nothing else than fictions, impossibilities and falsehoods.

The attention was called to the applicability of the remedy in certain forms of disease, *vide* translation page 13; but the learned reviewer, Dr. Ludlam, is entirely in error when he attempts to brand the author, and translator,—who, by the way, is only responsible for a *correct* translation,—as again recommending a new specific remedy, which, like others, will prove a deception, etc. Like all other medicines, it will be a "specific" as far as it is homœopathic in a given case. Specific medicines for specific diseases are the phantoms which lead their deceived followers into Eclecticism; Homœopathicians can never look for *such* specifics. If the accomplished critic will try the experiment and prescribe *Cactus grandiflorus* homœopathically, he will earn the thanks of the profession for communicating the results of his experiment; his brethren will take it for granted that his motive was the advancement of the School, and any one expressing an adverse opinion would be considered uncharitable, unfair, and highly impertinent. Leaving to the Reviewer the pleasure of enjoying further what he terms "*execrable* English," I will now report a few cases.

The first case was kindly sent us by our indefatigable colleague, Dr. Dunham.

Case 1. A. B., aged twenty-eight years, who had generally been healthy, enlisted in the army in July, 1864. After three months he got acute, articular rheumatism in the back and limbs. After a long sickness in the hospital, he was mustered out of the service as incurable. He slowly gathered strength,

but applied to me in March, 1865, in the following condition: Muscular condition fair, limbs free from stiffness or swelling, lumbar muscles tender on pressure and stiff, especially on first moving after repose. Extensive dullness in the precordia; blowing with the first sound of the heart. A constant sense of constriction in the region of the heart and epigastrium, "*as if the heart were grasped and compressed as by a hand of iron.*" This sensation is very distressing; it is much increased by muscular exertion, and especially by reading aloud or by loud talking. *Cactus*, 100, two doses, relieved the patient entirely. No return up to the present time. He is still under observation; symptom 64 is strongly confirmed.

Case 2. A lady, eighty years of age, complains of periodical constriction of the chest, with fainting and palpitations of the heart, worse in the morning and after rising; periodical stitches in the heart. All these symptoms disappeared after two doses of *Cactus grand. 75 m.* A confirmation of symptoms 65, 66, 67, 73, 74. Symptom 7, a pressing pain in the head, as if a great weight were laying on the vertex, has been repeatedly removed by *Cactus gr.*, especially when the menstruations returned too frequently and were too profuse.

Case 3. A lady, forty years of age, who had often complained of palpitation of the heart and of rheumatism, was by *Cactus gr. 10 m.* promptly relieved from rheumatism, first in the hands, later in the feet, worse in the morning and upon beginning to move; the soles of the feet felt as if they were bruised when she walked.

The rheumatism of *Cactus gr.* goes from above downward, that of *Ledum* from below upward.

A number of patients have been benefited by *Cactus gr.*, but the improvement has not yet lasted long enough to warrant their being reported as cures.

Dr. G. Duhring published in a Western journal: "I am in my sixty-second year, and for some time have been a great sufferer from '*chronic bronchitis*,' that was accompanied with

frequent rattling of mucus, both through the day and at all hours of the night; oppression of breathing with a spasmodic cough and expectoration of mucus, also frequent attacks when attempting to go up and down stairs. Various remedies proved useless until I concluded to try some "mother tincture" of *Cactus grandiflorus* that I had accidentally prepared last year, and this at once restored my health."

Symptom 89 of the provings is hereby verified.

Dr. Chapman recommends *Cactus gr.* in a case of metastasis of rheumatism to the heart. *Vide* "Annals of the British Homœopathic Society," No. XXI., page 240.

REVIEW.

A Course of Clinical Lectures on Diphtheria, by R. LUDLAM, M. D., Chicago.

It is quite refreshing to open a new homœopathic work which has something more of Homœopathy in its pages than is generally the case of late where, the homœopathicity is confined to the deceptive title page. As a medical work, it is the best we possess on this form of disease. The Pathology is well given, and the author has diligently quoted the best writers on the subject. It should be in the hands of all physicians, for all will profit by its perusal. Under the treatment of the disease, the indicative symptoms for each remedy are given; and under some of them with great precision, as under Kali bichromaticum, page 108. And much more would the author have been enabled to say, if he were in possession of *all* the provings of this valuable drug—which may not be the case since the very extended Vienna provings have been so unceremoniously abridged and robbed of some of the most indicative symptoms, by the Compilers of the British Journal. The great characteristic symptom of Kali bichr., "Ropy mucus," would not have been omitted; and do not such omissions clearly and unmistakably indicate the neces-

sity of a *complete, correct and reliable* Materia Medica, such as is offered to the profession by Dr. C. Hering. Lachesis is also omitted altogether, and why? Such cases of Diphtheria maligna, as the author describes on pages 34 and 35, have repeatedly and in almost every instance been cured by first giving one dose of Belladonna 200, and (if the case still grew worse) by following it with one dose of Lachesis 200. And it was rarely necessary to repeat this remedy; the improvement generally continued till a perfect recovery followed. But if such cases were not controlled by Lachesis, which was the case when the disease first attacked the left tonsil, and when the nostrils were widely dilated, with each inspiration, (fan-like motion of the nostrils) then Lycopodium 200 would still develop its curative powers and save the patient.

It is very proper in the author to mention the remedies also not yet proved, but recommended as curative in this disease, as for instance Baptista tinctoria.

The experienced physician will choose his own dose when he is certain of having found the truly homœopathic remedy, and will repeat the dose according to long established, correct and strictly homœopathic rules: he will not fall into the error of ordering a repetition, a priori, in all cases.

The book differs so widely from a similar work which was reviewed in our last number, that we take pleasure in recommending it to the profession; and hope the learned author will incorporate in a new edition the various reports made in the Journals since these clinical lectures were written.

By condensing the indications for the choice of the remedy, and by a reference to our Materia Medica, from which after all emanates the light to guide us in the selection of the curative medicine, the work will be made still more useful.

SINGLE SYMPTOMS.

BY JAS. B. BELL, M. D., AUGUSTA, ME.

The value of single symptoms as *characteristics,* has, until recently, been but little appreciated, except by some of the great artists of our school.

With the revival of pure homœopathic art, which is now evident among us, more attention is given to things wholly insignificant to the "progressive" homœopathist.

Clinical experience is the chief test of the comparative value of symptoms, showing which are characteristic or individual, and which only generic.

Bœnninghausen suggests another, which may prove of much value, viz: *Those symptoms which,* in proving, *appear latest,* after the last dose of the medicine. He credits the original suggestion to the "genial C. Hering."

A few cases bringing out characteristics by clinical observation are offered.

Fred. C., age eighteen months; strong, active, well developed, blond; has severe Pneumonia. Acon. 200 in water, during two days, and Bry. 200, during two days more, seemed to do little more than to palliate, and perhaps shorten the first stage, leaving the case at the end of four days as follows: right lung wholly hepatized, except the summit, as shown by entire dulness on percussion; loud, bronchial breathing; no vesicular murmur. Distressing, short, dry cough, in frequent paroxysms; breathing much oppressed; skin cool; tongue white; but little thirst; slept with eyes partially closed; moaned much in his sleep, and rolled his head much from side to side—more when coughing. Intelligence not disturbed: Sulph. 200, in water, during twenty-four hours, produced no change and no signs of resolution. The case was getting serious; the child was sinking. Giving up the pathological idea of Wurmb upon which Sulphur was given, I sought for the characteristics of the case, and a correspond-

ing remedy. I fell upon Williamson's "rolling of the head during difficult dentition," under Podophyllum, which also has "moaning in the sleep with eyelids half closed." Trusting to this frail thread, it was given, Pod. 30, in water, every three hours. Before the third dose was taken, resolution was complete in the whole lung; the welcome crackling was everywhere to be heard, and the *symptom* was gone. The recovery was rapid.

S., boy, age three years; phlegmatic, fat. Mother called, and said the boy had a high fever; was restless, thirsty; had some dry cough. Sent Acon. 200, and would call in twelve hours.

Found the child much worse. Lay propped up in bed, seemingly half asleep, with eyelids half closed, and occasionally moaning. On waking, he began to cough, rolling his head from side to side. Cough was dry, skin hot, face flushed, sensorium clear. The child had been much exposed to the sharp winter air, and it was so obvious a case of Pneumonia in the first stage, that no auscultation was made.

Leaving crude pathology alone this time, and trusting to the peculiar and characteristic symptoms, I gave at once, Pod. 200, in water, every three hours. Calling in twenty-four hours, I found the boy convalescent. The *symptoms* were removed, and with them the whole diseased process.

I have since verified these symptoms of Podophyllum, in many other cases, otherwise totally unlike the above, as regards the organs implicated.

The rolling of the head must exist *with* the moaning in the sleep with the eyelids half closed.

When either symptom occurs alone, other remedies are indicated.

Another is in the rolling of the head and biting at the night dress, or other object, sometimes seen in cases of infantile diarrhœa.

These cases confirm the teaching that the art of curing has nothing to do with the names of diseases, or with the names of the organs diseased. And that Therapeutics and Diagnostics (in non-surgical diseases) are distinct Sciences.

The organism has "*strange, characteristic* and *peculiar*" expressions in every diseased state, over and above the *general* expressions or symptoms.

Thereby Hahnemann's own directions are to guide us in the selection of the one remedy, from a group having the generic symptoms.

The *characteristics*, then, of the different remedies, when surely verified, become exceedingly precious.

They are most valuable gifts to impart one to another.

By means of Dr. Lippe's verified symptom of Kali bichr.: "Sharp stitches in the left ear, &c.," I have quickly cured three cases of Diphtheria.

Dr. Guernsey's symptoms of Magn. mur., "Stool crumbling as soon as it comes to the verge of the anus;"—of Sepia, "bearing down, causing her to cross her legs to keep the organs in;"—of Conium, "the urine flows, stops, and flows again;" "leucorrhœa flowing after micturition,"—and others, have been of great service in many chronic cases.

In the hope that others will do likewise, a few carefully verified characteristics are contributed.

Senega. Sensation of trembling, with no visible trembling. Soreness of the walls of the chest on moving the arms, particularly the left. Burning pain about the heart.

Lobelia inf. Nausea, worse at night, and after sleeping; relieved by a little food or drink.

Gelseminum nit. Fever without thirst. Wants to lie still and rest, particularly with inflamed tonsils, beginning on the right side.

Lachesis. Thinks she is dead, (in Typhoid), and that preparations are making for the funeral, or that she is nearly dead, and wishes some one would help her off.

Magn. carb. Stools like scum of a frog pond; green and frothy.

Baptisia tinct. She cannot go to sleep, (in Typhoid), because she cannot get herself together. Her head feels as though scattered about, and she tosses about the bed to get the pieces together.

HOMŒOPATHIC LIFE ASSURANCE.

From our esteemed friend, J. P. Dake, M. D., we have received an account of the "HAHNEMANNIAN LIFE INSURANCE COMPANY," recently established, with its principal office in Cleveland, Ohio, an undertaking which is destined to create a new era in Life Insurance. And in order to present this important enterprise in the fullest manner to our readers, we subjoin an article from the *Cleveland Herald*, and in connection with it, reprint the whole of the article from the *London Observer*. We shall take occasion in a future number, to invite the attention of the public to the advantages offered by this sound and reliable Society; and to the importance of sustaining an institution which offers to the patrons of Homœopathy an additional opportunity to avail themselves of its benefits.

A NEW FEATURE IN LIFE INSURANCE.—Within a few days past there has been organized a new Life Insurance Company, with its principal office in this city, having, beside the usual forms of the old companies, a special section to take risks upon the lives of patrons of homœopathy at ten per cent. lower premium rates than upon other lives. The following from the London *Observer*, (England) will briefly explain the views and objects leading to the formation of this company.

"*Opinion of a London Life Assurance Company, as to the relative merits of the Homœopathic and Allopathic modes of treatment and their decision thereon.*

A LONDON LIFE ASSURANCE OFFICE CONVERTED TO HOMŒOPATHY BY *the Evidence of Statistics.*—The month of December, 1864, marks an epoch in the history of Homœopathy, the memory of which will be ardently cherished by every Homœopathician of the present generation; whilst to this period will frequent reference hereafter be made, as that from which is to be dated a remarkably rapid growth of the system in public estimation.

On the 16th of December, 1864, there met together at the Freemason's Hall, in London, under the presidency of Lord Henry Gordon, a number of individuals—in no respect identified with Homœopathy, but simply concerned in the promotion of their own pecuniary interests—to consider the bearing of this system of medical treatment on the health and life of the community. The parties referred to are the Directors and Shareholders of a company entitled, "The General Provident Assurance Company." The object of such institution is, we need hardly remark, commercial gain; and one of the principal means employed, is an investiga-

tion, conducted with scientific severity, into the duration of human life, with all the concomitant circumstances which tend to affect the health of individuals and classes.

Hitherto, the actuaries of these valuable institutions have disregarded—and therefore omitted from their calculations—the very important consideration of *medical treatment.* The keenness of competition, however, which characterizes every department of trade, in the present day, and stimulates to their utmost extent the intellectual faculties of our men of business, has at length made itself felt, even amongst these very conservative establishments; and, as a consequence, we find, in the case of the General Provident Assurance Company, the Actuary directed to make an investigation into the hitherto unexplored region of *comparative medical treatment*—with what result it is scarcely necessary to inform the readers of this journal.

To *some*, at least, of the Directors of the Provident, this result no doubt presented itself in the light of a discovery; to *none* could it be otherwise than gratifying to learn, that their labor had been rewarded by the acquisition of data, capable of being turned to very profitable account, in the following well-ascertained facts:—That persons treated by the homœopathic system enjoy more robust health, are less frequently attacked by disease, and, when attacked, recover more rapidly than those treated by any other system; that with respect to the more fatal classes of disease, the mortality under Homœopathy is *small*, in comparison with that under Allopathy; that there are diseases *not curable at all*, under the latter system, which are *perfectly curable* under the former; finally, that the medicines prescribed by Homœopathicians do not injure the constitution, whereas those employed by Allopaths do not unfrequently entail the most serious, and in many instances fatal, consequences.

These data obtained, the Directors had but one duty to perform, alike to themselves and to their constituents, which was to summon a meeting of their shareholders, and to lay before them the facts they had collected, and the decision at which they had arrived, viz.: "*to open a special section for persons treated by the homœopathic system, at a* LOWER RATE OF PREMIUM THAN THAT CHARGED ON OTHER LIVES." And without a dissentient voice this proposition of their Directors was adopted by the shareholders of the General Provident Assurance Company.

Here, then, we have a testimony borne to the great practical value of Homœopathy which nothing can gainsay—against which ridicule and abuse, the only weapons by which we have hitherto been attacked, can avail nothing. It is not with "individual opinion" that our opponents have *now* to deal—not even with the opinions of such men as the late Archbishop of Dublin; the late Dr. Gregory, Professor of Chemistry in the University of Edinburgh; or the late Dr. Samuel Brown, a man worthy to rank with the illustrious Faraday—all of whom lived and died in the faith of the truth of Homœopathy—not to mention a host of other names of men, living and dead, in every department of literature, science and art. It is not with *individual opinion*, we repeat, that our opponents have *now* to deal. They are *now* confronted with the result of an investigation directed to be made by a body of commercial men, for commercial purposes,—conducted with that marvellous precision which has exalted the investigations of the assurance offices of this country to the rank of scientific verities,—and endorsed by men whose intellectual faculties, when summoned to decide, must have been in liveliest exercise, seeing that they had to determine on a question in which they were without precedent for a guide, and in which their pecuniary interests were deeply concerned.

Well—the question *has been* decided, so far at least as *one* assurance office, with its Actuary, Directors and Shareholders, is concerned; and

the fact cannot be concealed. It will not be long, therefore, we may confidently predict, before other offices will follow this example. But, however numerous may hereafter become the adopters of this innovation, let it ever be remembered that to the General Provident Assurance Company belongs the distinguished honor of being the pioneer in this movement. And never let the circumstance be forgotten, which gives life and vigor to the great moral of this narrative—that the decision arrived at was the result of an investigation suggested by an observation of the ever-increasing conquests of Homœopathy, especially amongst the highest and best educated classes of society, but cropping out everywhere throughout the world, in spite of the adamantine rocks of ancient prejudice and the alluvial deposits of social and professional influence,—and *thereby* forcing itself upon the attention of intellectual men of business, whose avocation it is to avail themselves of every legitimate opening for the augmentation of their revenues, and the elevation in public estimation, of that branch of industry with which they may happen to be connected."

"The Hahnemannian Life Insurance Company" has been duly organized under a perpetual charter, with a present capital stock of $200,000, and the privilege of increasing the same to $1,000,000. It has a Board of fifteen Directors selected from among its heaviest stockholders, all gentlemen of the highest standing in Ohio, as business men and capitalists.

No Life Insurance Company in this country has ever started upon a firmer foundation, or with brighter prospects. Although not local in its character or field of operations, our community will look upon its career with feelings of pride.

As to the new and peculiar feature of this Company in regard to kinds of medical practice, we cannot be expected to say much since we know so little of it. The statistics and tables, upon the figures of which the ten per cent. discount is made in favor of patrons of Homœopathy, are not before us. But we can see no reason why Life Insurance Companies should not take into their calculations the *medical* causes that may tend to shorten or lengthen human life as well as those of *climate*, *business* or *habits*.

If the chances for the life, or as insurance men say, "the expectancy," is greater among the patrons of Homœopathy, we can imagine no good reason for their being compelled to pay the higher rates, fixed for such as depend upon more hazardous modes of medical treatment.

For our own part we are glad to have sharp-eyed financiers look into these questions, that we may attain to some satisfactory knowledge of such occult and generally mystified arts as that of healing. Ultimately we may hope to learn with some good degree of certainty, what is best for us when sick, as we have, for the most part, already learned what ways and means are best for us when well. As yet we venture no opinion upon the new distinctions made in the subjects of insurance by "The Hahnemannian," but shall always endeavor to favor every effort, that in any wise promises to elicit knowledge and good for the human race.

Among the stockholders we notice such names as Hon. B. F. Wade, and other prominent men throughout the State.

Of the character and strength of this new company, however, we wish to speak in decided terms, to do which most effectually we present a list of its Board and officers :—

H. M. Chapin, Mayor of Cleveland; Wm. Hewitt, Superintendent Union Line Express Co.; S. L. Mather, Cleveland Iron Mining Co.; D. P. Eells, Vice-President of the Commercial National Bank; J. P. Dake, President of the Dover Bay Grape and Wine Co.; S. R. Beckwith, S. F. Lester & Co., Cleveland; H. C. Blossom, Wm. Bingham & Co., Cleveland; Geo. Sprague, Geo. Sprague & Co., Cleveland; Wm. Ed-

wards, Edwards, Townsend & Co., Cleveland; R. F. Paine, Attorney, of Paine & Wade, Cleveland; A. S. Sanford, Sanford & Hayward, Cleveland; W. A. Fisher, H. Garrettson & Co., Cleveland; W. D. McBride, Hussey & McBride, Cleveland; H. G. Cleveland, Cleveland, Brown & Co., Cleveland; James Barnett, Geo. Worthington & Co., Cleveland.

Officers.—H. M. Chapin, President; Wm. Hewitt, Vice-President; S. S. Coe, Secretary; J. P. Dake, Actuary; S. R. Beckwith, General Agent; D. H. Beckwith, M. D., Medical Examiner; Payne & Wade, Attorneys.

Executive Committee.—H. M. Chapin, S. L. Mather, D. P. Eells.

Sept. 30th, 1865.

ON HIGH POTENCIES AND HOMŒOPATHICS. Clinical Cases and Observations, B. Finckè, M. D., of Brooklyn, N. Y. With an appendix containing Hahnemann's Views and Rules on the Homœopathic Dose, chronologically arranged. *Natura nullibi magis quam in minimis tota.*—Plinius.—pp. 131.

Published by A. J. Tafel, Homœopathic Pharmacy, No. 48 North Ninth street, 1865.

To this work, received just as the Monthly is going to press, we have time to give but a passing notice, reserving to ourselves, at a future occasion, the pleasure of a more extended review of so learned a production.

The work contains, principally, Clinical Cases, and Observations upon them. The experiments were made with differently prepared medicines, all however in a high state of dynamization, the mode of preparing which is stated, with the exception of the "Fluxion Potencies."

On page 86, Dr. Finckè states: "These high potencies * * * * *, are prepared on a new plan which, *in proper time,* will be communicated to the profession." The profession will very properly ask, *by what means will Dr. Finckè know the proper time?* The Congress of Physicians who met in Weimar, Aug. 10th, declined to discuss the subject of high potencies, because the mode of preparing them was not known. We hold that at the moment a new preparation is offered to the members of the profession, the time has come

when they should know how it is prepared. Secrecy will only retard the experiment. Secrecy in matters of science should be shunned, as belonging exclusively to the vendors of "nostrums."

The appendix gives a historical argument on the proposition that the Homœopathic dose must be infinitesimal. This, undoubtedly the most elaborate part of the work, is highly instructive, and shows how thoroughly the author is convinced of the truthfulness of Hahnemann's teachings; he follows him step by step, and refutes all the erroneous notions put forth by pretending Homœopathicians. The "Geometrical Illustrations" will find favor with all the learned, especially mathematicians, into whose hands this work may fall. The application of the important natural *Law of the Least Quantity of Action,* is a real addition to the Philosophy of Homœopathy.

We miss in this work an index; and also a dictionary explaining such scientific (and new) terms as may not be familiar to all readers. It seems quite questionable whether we should not endeavor to use terms familiar to all, rather than invent new words, to comprehend which requires one to be a thorough Philologist. If the book is intended to be read only by the most learned portion of the profession, then such terms might be used, as they might be supposed capable of being understood. But if it is published for the benefit also of the many—who are not professed philologists, familiar terms should certainly be employed.

The book is printed with an elegance very creditable to the publisher. It should be in the possession of all Homœopathicians; and be carefully perused, as it certainly contains more information in the same space, than any other Homœopathic work in the English language.

The author, no doubt from the most tender regard for his friends, has abstained from making use of the communications made to him affirming the superior curative powers, or in other woods, testifying to the development of curative properties by the higher potentiations and to the assertion

that the point at which the potencies cease to show developed medicinal power has not yet been reached.

It is to be regretted that some "erratas" will have to be added to this book; on page 82d, instead of Helig and Granvogel, read Helbig and Grauvogel. With our best wishes for a favorable reception of this work by the profession at large, we part for the present with the learned author and his elaborate and learned production.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL.—A Quarterly Magazine of the Homœopathic Practice of Medicine and Medical Science in General.—Edited by George E. Shipman, M. D., Chicago; C. S. Halsey, 147 Clark Street; Philadelphia, F. E. Bœricke, 635 Arch Street, pp. 112. $3.00 per annum.

Such is the title of the New Homœopathic Quarterly, which our Western brethren have started; and which they are abundantly able to sustain, and better still, abundantly able to make worthy of being sustained.

The first number, October, is beautifully printed with new type, on superior paper; and contains two original lithographic illustrations,—one of the *Pulsatilla Nuttalliana*, the other a colored engraving of the eruption caused by this plant.

In point of doctrine, this Journal, like others of its kind, must of course in some degree represent the various views of the different writers. For as yet, Physicians, even of the Homœopathic School, are found as incapable of seeing eye to eye as Theologians are. But yet, in so far as the Quarterly shall reflect the avowed aims of its Editor, who may, we hope, be taken in this respect as a representative man, its influence cannot fail to be alike favorable to the extension and establishment of Homœopathy; and to be the best interests of humanity itself. He says—"The duty of establishing this

Journal has been committed to the editor without any instructions as to its character. The matter having been entirely left with him then, this is the character with which he will endeavor to impress it—a Hahnemannian character. He will seek to make it a Journal of progress—upholding nothing false because it is old, and has received the sanction of all past ages,—and embracing nothing false because it is new, however endorsed by great names or bedecked with specious pretences; seeking to imitate Hahnemann in his patient yet vigorous search for truth, in his casting off all trammels of caste and custom which could impede his progress, not feeling at all bound to believe everything which he believed, or to do everything which he did."

This we term a sincere aspiration for improvement and growth in Homœopathy; for progress in the very line and on the very plane of Hahnemann himself. For such a Journal, carrying out views so high, and as we may say, so truly Hahnemannian, there opens a wide and glorious future, not in the Great West alone, but throughout the whole of our vast country, and in fact wherever the English language is spoken. Our space will not admit of any particular mention of the various articles. We may notice them in a subsequent number, but we cannot refrain from expressing our satisfaction in finding in Dr. Ludlow's paper, "On the Abuse of Local Treatment in Ulceration of the Os uteri," a decided condemnation of the indiscriminate use of the various Caustics, Escharotics and Cauteries.

HOMŒOPATHY IN EUROPE.

We are most happy to lay before our readers the following communication from Professor A. E. Small:

Mr. EDITOR:—Knowing that a great interest is felt in the spread of Homœopathy in Great Britain and other countries of Europe, I take this opportunity of furnishing your readers with such information as I have obtained during a brief visit abroad.

It may be stated in general terms that Homœopathy is surely, though slowly, gaining favor in England, Scotland, Ireland and France. In Liverpool there are eight registered physicians and surgeons, enjoying an extensive patronage, two excellent Pharmacies, a large Dispensary in Hardman street, open every day for the reception of patients, from 8 until 10 o'clock in the morning. This is a charitable institution that has already dispensed its advantages to about 35,000 patients. In urgent cases, patients are visited at their own homes. The class of persons who patronize homœopathy is by no means unworthy of consideration, being among the most intelligent, wealthy and honorable in this part of England. I was informed by Messrs. Thompson & Kappee, that admirers and patrons of homœopathic practice multiplied much faster than good and reliable homœopathic physicians to counsel them, and that as a consequence, the retail trade of the chemists to laymen was very greatly enhanced. Conversions among the Old School doctors are of rare occurrence in England, because so many obstacles are thrown in the way by the obligations imposed upon them. Nevertheless, many have risen above the trammels of the Old School faith and practice, having broken the fetters that bound them. Among these are the physicians of the Liverpool Dispensary.

We also visited a dispensary in the city of Glasgow, under the management of Drs. J. and S. Cockburn. There are several physicians of our school in this city, doing a fine business.

There are two excellent chemists or pharmaceutists. The spread of homœopathy is by no means rapid, and yet it is all the while gaining in public favor.

In Edinburg there are also several homœopathic physicians, among whom is Professor Henderson, of Edinburg University. He still retains his Chair in that time-honored institution, notwithstanding it is so often denied by the Allopathists of this country. In this city there is also a large, well managed dispensary, under the care of Dr. A. Lynschinski. Mr. Pottage, 99 Paine street, has a fine pharmacy, and is himself an excellent chemist. Dr. McDonald, member of Royal College of Physicians and Professor of Civic and Natural History in the University of St. Andrews, is enrolled among the converts to Homœopathy.

MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND LANCASTER COUNTIES, PA.

This Society held its Annual Meeting at West Chester, Pa., on Tuesday, the 3rd of October, A. D. 1865, at 11 o'clock, A. M.

In the absence of the President, Dr. Coates Preston, of Chester, the Vice-President occupied the Chair, and in the absence of the Secretary, Dr. J. B. Wood was appointed Secretary, *pro tem.*

On calling the roll, Drs. Preston, Wood, Smedley, Barden, Scott, Johnson, and Jones, were present.

The Society was agreeably entertained by remarks from Professors Guernsey, Frost, and Morgan, of the Homœopathic College of Pennsylvania, who were present as guests.

The minutes of the preceding meeting were read and approved.

Dr. Wood, from the Committee on Publication, presented and read several papers, which were ordered to be published.

The Society then proceeded to the election of officers for the ensuing year, with the following result, viz.:

President, Dr. Coates Preston; Vice-President, Dr. D. R. Bardin; Secretary, Dr. Jos. E. Jones; Treasurer, Dr. R. C. Smedley.

A communication was read from Dr. Jones, on the use of Coal Oil, as a local application for burns and scalds, exhibiting its importance in conducing speedy cures; he also verbally communicated several important cases to the Society.

Dr. Wood read a report of a case of Neuralgia, dependent on gastric derangement, which had resisted various indicated remedies, for some time, promptly cured by the mother tincture of Iris Versicolor, ten drops in two ounces of water, a teaspoonful every hour.

Also verbally reported a case of Strangulation of the Bowels, resulting

in the death of the patient, a post-mortem examination revealing the fact of hernia in the posterior portion of the obturator foramen of the right side. This case possesses some interest from the fact that the patient never complained of pain in the region of the hernia, but always at remote parts, and no external evidence was visible that such hernia existed.

Dr. Smedley read a report of several cases treated with low potencies without effect, which were promptly cured by high potencies.

Dr. Barden made a verbal report of several cases of Intermittent fever, permanently cured by the use of Chancilagua.

Dr. Preston reports the successful cure of Diphtheria with Lachesis 200, when all other remedies used by him failed,—the patient seemingly *in articulo mortis* when administered.

Dr. Wood offered the following, which was unanimously adopted, viz.:

Resolved, That this Society disapproves of the practice of Homœopathic Physicians, wherever they may be found, who send, or allow their students to attend other Colleges than Homœopathic, as such a course is calculated to bring our system of medicine into disrepute, and to lose the student to Homœopathy, by placing him in the power of the Professors of such Old School or other Colleges, to exact of him a pledge not to practice Homœopathy before he can receive his degree. On motion

Resolved, That when this Society adjourns, it adjourn to meet at Dr. Preston's, in Chester, and that the proceedings of this meeting be published in the Hahnemannian Monthly.

J. B. WOOD,
Secretary, pro tem.

The following are the papers read by Drs. Jones and Smedley:

REFINED COAL OIL IN BURNS.

PRESENTED BY J. E. JONES, M. D.

Permit me, in a very general manner, to remind you of the use of the common refined coal oil in the treatment of burns, scalds, &c.

A child of J. T's, twenty months old, pulled from the table a cup of boiling tea and emptied it down its bosom, making a deep scald. Taking off the epidermis immediately, it destroyed the dermis and fat quite to the muscular tissue in places. The little one suffered intensely under the application of raw cotton and lime water, (I think it was,) until I arrived and ordered the application of a piece of cotton cloth cut the exact size and shape of the sore, saturated with the refined burning coal oil. In less than half an hour the child was composed to sleep, and passed a comparatively comfortable night. It was only three days time until a sore covering about fifty square inches began to coat over with the white epidermis in many places, and in seven days the sore was suppurating no more; the oil having caused no severe pain after the first half hour of its application.

There were several little incidents that came to my notice during this case, small in themselves, but of interest to every practitioner. Once or twice the cloth with which the sore was covered slid from the surface of the wound and rested upon the healthy tissue, within a few hours the oil caused the cuticle to peal off just as in a superficial burn; hence what could be more Homœopathic to a burn than this oil which will produce a burn upon healthy tissue?

Another circumstance proved that there is more in the use of this oil than the mere coating of the surface to protect it from the atmosphere. After the use of the coal oil for a few days the cloth became stiff and harsh from its drying, and the deposit from the oil hardening. For a few hours we substituted linseed oil with which to soften the deposit, and it

was but a few minutes after its application until the child showed pain and grew discontented, which continued until the coal oil was again applied. The linseed oil just as effectually excluded the air as the coal oil, but the pain and I may add the redness of the sore returned. The parents of this little patient had another child scalded in very much the same way, and in their judgment no worse than this one, but under Allopathic treatment with other appliances, and it was at least twice, or if my memory is faithful, it was thrice as long in recovering the healthy tissue.

Another case I can only give in outline.

A child aged five years, fell with one hand thrust into an open grate, in which were brilliantly burning both wood and bituminous coal, very hot. The coals stuck fast to the hand and wrist, burning them very deep; again after the coal oil was applied but a short time, the pain was relieved and the wound healed in a remarkably short time, very much shorter than I had been accustomed to see either in civil or in hospital practice. And what was still better, there was left no scar of any amount, and not the least contraction that I could detect on the last examination.

Gentlemen, try it, and I think you will not be disappointed.

REPORT OF A CASE OF ERYSIPELAS.

PRESENTED BY R. C. SMEDLEY, M. D.

In July last I was called to see a woman, who for several weeks had suffered from weakness of the stomach and anorexia. She ate scarcely anything, as she had no desire for food, and the presence of the least morsel in stomach, or a spoonful of water, produced nausea and vomiting. She did not complain of much pain; her cheeks, which in health were unusually florid, were now not only pale, but of a leaden color, and her whole face presented a cadaverous appearance. Gave Ip.^{2}, and again of the ^{5th} for the vomiting, but it did no good; then gave Puls. $^{2v\ to\ 6v}$, but without the desired results; gave Nux $^{3\ to\ 6}$, and an occasional dose of Sulph.^{9}, but without success. As her symptoms and her general appearance seemed to indicate Puls., I now gave it of the 200^{th}, a few pellets in half a tumbler of water, a spoonful to be taken every two hours, and always after vomiting. She vomited but once after, though she felt for a day or two some nausea, after taking the medicine in the water. In about a week her appetite had considerably improved, when erysipelas appeared on her face and over the body, of a bright red shining appearance. This character of erysipelas I had before cured with Bell.^{1}, with an occasional dose of Rhus, Hepar, or Lach. I gave her this time Bell.^{200}, a few pellets, in half a tumbler of water, a spoonful every two hours till better, then every four to six, eight or twelve hours, as improvement continued. The one prescription cured her, and in much less time than when I gave her the heroic Homœopathic doses. I considered her as being one susceptible to the action of medicine, though we might from superficial thought consider otherwise, as the low potencies appeared to make no impression. But my idea is, they made too much impression. By being too strong, (if the expression is correct,) they excited an action in the system against the drug, as nature makes an effort to throw off every thing deleterious in its character, and thus my purpose was defeated. But the higher potencies, possessing the curative or active properties of the drug, with little or none of the crude material, nature kindly received and diffused with a gentle hand to every part needing the presence and curative action of the mild, health-restoring, Homœopathic agent.

After making the above cure, I had another and similar case, which resisted the action of the low potencies. Gave Puls.^{200}, as before, when vomiting ceased and the appetite returned.

CISTUS CANADENSIS L.

Helianthemum canadense Michaux, *Rockrose,* also named: *Frostwort,* Frostweed, Frostplant, because the roots throw off small white icicles, which can be seen on frosty mornings, even when all other plants already show little dewdrops with all the colors of the rainbow.

In Eaton's Botany (8th ed., 1840,) we find, page 263: "In November and December of 1816, I saw hundreds of these plants sending out broad, thin, curved ice-crystals, about an inch in breadth from near the roots. These were melted away by day, and renewed every morning for more than twenty-five days in succession. P. 198, This has often been observed in the sand-plains two miles north of New Haven, Conn."

Wm. Darlington, in his Flora cestrica (1837) says, page 314: "Prof. Eaton and Dr. Bigelow have noticed the formation in freezing weather of curiously curved ice-crystals near the root. I have seen them very beautiful in the Cunita mariana, and Mr. Elliott remarked the same in the Conyza bifrons."

Has a satisfactory explanation anywhere been given of this most remarkable fact?

According to Noak, *Cistus canadensis* is not mentioned in Schœpf's Materia Medica Americana, nor in Bigelow's American Medical Botany. Can any of our colleagues give the earliest quotations?

It is an old popular medicine in this country for all kinds of so-called scrofulous diseases, and had, after being introduced into Great Britain in 1799, gained such a reputation that it was cultivated from seeds. We may suppose, that in this way its reputation was lost again. Because, according to Darlington, it grows only on dry mica-slate hills and ser-

pentine rocks, and is rare; according to Eaton it is abundant at the foot of Pine-rock, New Haven, on the barren plains.

Thus, like *Belladonna*, which requires lime-stone ground, and *Pulsatilla*, which requires a ferreous soil, *Cistus canadensis* seems to be dependent on the presence of talc, (magnesia.) If the analogy is allowable, we might conclude, it will follow the Magnesia as well as the Belladonna follows the Calcarea, and the Pulsatilla the Ferrum. These plants are often indicated by the correspondence of the minerals to a given case, and being often complementary to them, may thus be given by preference, where those minerals have already been administered with success, and *vice versa*.

Dr. Ives, of Yale College, has given it with great success in scrofula, eruptions and other chronic diseases. Dr. Parrish also applied it with great effect. Favorable reports have been published by Dr. Webb of Madison County and by Dr. Fuller of Hartford. Dr. Tyler of New Haven, Ct. published a treatise on it; some extracts from which, taken from the New Haven Palladium of March, 1852, have been given among the symptoms.

In the years 1835 and 1836, Dr. G. H. Bute made the first provings with the tincture and first centesimal potence.

In scrofulous cases, which had resisted even our antipsoric remedies, he made, led by the similarity of some of his symptoms with some symptoms of such cases, the first attempts to cure, and with great success even with the $\frac{1}{100}$. In tracheal complaints, where he had not succeeded with his first potence, he was obliged to raise the potences to the 15th centesimal. Later, it was given with increasing success in the 30th by several homœopathicians. Lately most remarkable cures have been made by the 200th.

A communication of Dr. G. H. Bute to C. Hering, of the 1st of January, 1837, was printed January 18th, in the Correspondenzblatt der homœopathischen Aerzte, No. 13, a paper in quarto, published only to save the high postage among the members of the Academy at Allentown, Pa. It was copied in Jahr's Manual, and from this by Noak &

Trinks in their Manual, 1843, as well as Daphne indica and others; and on page 659, the most absurd remark was inserted: part of the symptoms cured were not contained in the proving. This must be, as a matter of course, the case with every drug, even in some measure with those most proved. By symptoms obtained on the healthy in proving, we get the first indication to apply it as a medicine; and if we succeed decidedly in cases with such a medicine, we may afterwards also make use of the symptoms cured. According to Hahnemann, the latter have a subordinate value, unless they are of a general character, as for instance in our Cistus; the great sensibility to the slightest draft; the remarkable appearance of bodily symptoms after vexation, &c. The absurd note mentioned above may have impeded the more frequent use of the Cistus and other valuable additions to our Materia Medica, as it contains the following remark, page 659:

"As the observations of Dr. C. Hering, because they had "been made, as well on the healthy as on the sick, *always* "*with the highest dilutions* and in Globules, which is an "equally ridiculous, useless, and resultless experimenting— "have been so little corroborated, we must withhold our "confidence from the proving of this plant also," etc.

This note, not written by Dr. Noak, but by the other editor of this manufactured compilation, was used and quoted as an authority by the ignorant, to the great injury of our cause. It was written by one who knew that his assertion was not true, because he had augmented his own Materia Medica by the provings I had handed to him of Plumbum, Cantharides, Sabina, and Paris; and by one who knew that I had made all my provings up to this time with the strongest doses or the lower potencies, one single experiment excepted, the proving of the Theridion.

All the provings he objected to in his note as "ridiculous," have been made *by others and not by myself*, and have besides that, been made with the tincture and the first dilution. It is "useless" to say more, but I hope it will not be "resultless"

in lessening the quotation of such an authority as the above mentioned compilation, which is only surpassed in ignorance and boasting by another, in the hands of a great many in this country.

In the Modell-Pharmacopœa, made by order of the Centralverein, and prefaced and praised by the same Trinks,—not only in 1845, in the first edition, page 85, but also in 1854, in the second, page 99,—an inexcusable mistake is made, and our essentially different Rockrose confounded with a common shrub, growing everywhere in Germany. If Gruner has made his tincture from the Cistus helianthemum or Helianthemum vulgare for the German Homœopathicians, it is no wonder they do not find it corroborate what we have observed from our American plant.

The nearest relative to it is the old and once famous Resina Ladanum or Labdanum from Cistus creticus, Cyprius or Ladaniferus, now obsolete and hardly to be had genuine. We have to leave the proving of this to our friends on the shores of the Mediterranean.

B. Dr. Bute's Observations.
G. The symptoms of a very careful proving with Globules of the X., by Dr. Gosewisch, (January 30, 1837,) (died in Wilmington, 1853).
* Indicates cured symptoms.
R. R. Related reports by different persons.
In all other cases the name of the observer is given.
The numbers (1,) (15,) (30,) (200,) indicate the potence.

Mind.

*All mental excitement greatly increases the suffering. (1) B.
*Bad effects from vexation. (1) B.
*After supper, until bed time—cheerfulness. G.
*Mental agitation increases the cough. (15) B.
5. *Every mental excitement is followed by stitches in the throat, producing a cough. (1) B.

Head.

Headache all day; oppressive. B.
Pressure above the eyes in the forehead. B.
Pressure in the glabella. B.
Headache in the sinciput after being kept waiting for dinner, which is better after eating. G.
10. Headache in the right side, with piercing pain in the eye. 16.
Generally the headache *grows worse towards evening* and lasts all night. (Puls.) G.
Coolness on the forehead. 172.
*Head drawn to one side by swellings on the neck. 181.

Eyes.

Feeling as of a weight above the eyes. B.
15. Pressure above the eyes. 7.
Spasmodic piercing pain in the middle of the upper rim of the right eye socket, with some headache on that side. G.
Stitches in the left eye.
Feeling as though something were passing around in the eye, with stitches. B.
*Scrofulous inflammation of the eyes of long standing. R. R.

Ears.

20. Discharge from the ears of water and bad-smelling pus. B.
*Discharge from the ears. (15) B.
Inner swelling of the ears. B.
High swelling beginning at the ear and extending half way up the cheek. B.
Inner swelling and discharge from the ears. B.
25. *Tetters on and around the ears extending into the external meatus. C. Hg.
Swelling of the parotid glands. 170.

Nose.

Sneezing without cold in the head or any other cause. B.
*Evenings and mornings frequent and violent sneezing. B.
Cool feeling in the nose. 45.

30. Burning sensation in the left nostril. B.
The left side of the nose grew painfully inflamed and swollen. (Cured by Sepia.) B.
*Painful tip of nose, which at first grew worse and then was cured. G.

Face.

A feeling as though the facial muscles would be drawn to one side. B.
Heat and burning of the facial bones. B.
35. *Flushes of heat in the face. (1) B.
Half way up the cheek, swelling beginning at the ear. 23.
Vesicular erysipelas in the face. B.
*Caries of the lower jaw. B.
Lupus exedens on the mouth and nose. R. R.

Teeth.

40. Twitching-stitching toothache in a decayed molar tooth in the left upper jaw. G.
*Very scorbutic gums, swollen, separating from the teeth, bleeding easily, putrid, disgusting. (15) B.

Tongue.

*Dryness of the tongue and roof of the mouth. (1) B.
Sore tongue, as if raw on the surface. B.
Continuous soreness of the tongue as if raw. B.
45. Immediately after taking a dose, (10 o'clock, A. M., X 000,) the tongue grew cool, then the breath through the mouth and nose gave a decidedly cool feeling in the larynx and in the windpipe. Much saliva in the mouth, which is also cool. More mental calmness than usual, some sleepiness. G.

Throat.

*Impure breath. (1) B.
The coolness, particularly in the throat, continues all day. G.
*Inhaling cold air causes pain in the throat. (1) B.
*Inhaling the slightest cold air causes a sore throat, which he has not when inhaling in the warm room; several cases. (200) Dr. Guernsey.

*A feeling of softness in the throat. (1) B.
*Rawness, extending from the chest into the throat. 106.
*A feeling as if sand were in the throat. (1) B.
*The patient is constantly obliged to swallow saliva to relieve an unbearable dryness, especially during the night. (1) B.
*Continuous feeling of dryness and heat in the throat. (1) B.
*Dryness of throat from 12 o'clock noon, until 1 to 3 A. M. at night, then better until the next noon. Bigler.
*A small dry spot in the gullet for one year, then general dryness of throat,—better after eating, worse after sleeping,—as if tearing asunder, the patient must get up and drink water. The inside of the throat looks glassy; on the back of throat there appear stripes of tough mucus. Better in two days. Montague.
*Periodical itching in the throat. (1) B.
*Tickling and soreness in the throat. (1) B.
*In the morning sore pain in the throat and dryness of the tongue. (1) B.
*Tearing pain in the throat when coughing. 108.
*Stitches in throat, causing cough whenever mentally agitated. (1) B.
*Fauces inflamed and dry, without feeling dry; tough, gum-like, thick, tasteless phlegm brought up by hawking, mostly in the morning. (30) B.
Hawking of mucus which is lodged at the head of the windpipe. G.
*Hawking of mucus. (1) B.
*Expectoration of bitter mucus. (1) B.
*After discharging phlegm from the throat he feels generally much relieved. B.

Stomach.

(Inclination for acid food.) B.
(He wants cheese.) B.
Thirst with the fever. 171.
*Drinking water relieves the dryness in the throat. 56.
Cool eructations. 82.
Eructation, with feeling as though it would relieve. 126.
Frequent nausea. (1) B.
Cold feeling in stomach before and after eating. 32.

75. Immediately after eating, pain in the stomach. B.
*After eating the dryness of the throat is relieved. (1) B.
Better after eating—pain in sinciput. 9.
Diarrhœa after eating fruit. B.
After drinking coffee, diarrhœa. G.

Abdomen.

80. Stitches in the left hypochondrium. B.
In the morning on awaking, a bruised pain under the hypochondria, with flatulence. G.

Before and after eating, a cold feeling in the stomach; cold eructations. G.
Cold feeling in the whole abdomen. G.
In the evening the belly puffed up with flatulency. G.
85. Troubled with wind in the belly at night. 160.
Flatulence and uncomfortableness in the intestines. B.
Much flatulence and pain in the hypochondria.
*The wind is not incarcerated as often as before. G.
Towards evening flatulence. Last evening there was several times a discharge of wind as when air-bubbles rise in water. G.

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90. Itching of the belly and umbilicus. G.

Immediately after taking the dose, discharge of much wind. B.
Towards evening violent urging of stool; stool pappy. G.
In the morning thin stool. G.
Till daybreak very thin stools, squirting out, of a grayish-yellow color; until noon three more discharges. G.
95. Diarrhœa lasting a short time. B.
(The thin stools are hot.) B.
Diarrhœa from eating fruit. B.
After drinking coffee, a looseness of the bowels. G.
In the groin pain coming from the back. 123.
100. Frequent itching on the scrotum. G.

Chest.

In the larynx and windpipe cool feeling. 45.
*Feeling as if the windpipe had not space enough. 112.
At night an itching and scratching in the larynx and anxious dreams. G.
Itching and scratching on the outside of the throat in the region of the larynx. G.
105. *Pain in the windpipe. (1) B.
*Feeling as of rawness, extending from the upper part of the chest into the throat. (30) B.
*Cough from stitches in the throat. (1) B.
*Cough, with a very painful tearing in the throat. (30) B.
*Cough, and her neck thickly studded with tumors. 119.
110. *He bled at the lungs and his scrofulous symptoms had returned. 181.
In the evening, a quarter of an hour after lying down, a sensation as if ants were running through the whole body, then anxious, difficult breathing. He was obliged to get up and open the window; the fresh air relieved him; immediately on lying down again these sensations returned—two evenings in succession. B.
*In the evening after lying down and at night in bed, once a week or oftener, attacks of a kind of asthma; he draws his breath with such a loud wheezing that it wakens others sleeping in the same room. He has the feeling as if the windpipe had not space enough. (30) B.
Fulness in the chest. B.
*Pressure on the chest. (1) B.
115. Pain in the chest and in the throat. B.
Pain in the chest and in the shoulder. 126.

Neck.

Glands on the throat swollen. 23.
*Scrofulous swelling and suppuration of the glands of the throat. B.
*Mrs. C., of delicate constitution, when 19 years of age, was afflicted with a cough, and her neck was thickly studded with tumors, using the Rock-rose she was restored and has not been afflicted with any such symptoms since. Dr. D. A. Tyler, New Haven.

Mammæ.

After partaking of it frequently in the form of tea for the sequelæ of scarlet-fever, it caused an induration of the left mamma, which was taken for cancer and successfully operated upon. Lippe.

*Inflammation of the left mamma, suppurating with a feeling of great fulness in the chest. Pehrson.

Back.

Itching on the back. G.

Below the right shoulder-blade, extending around to the front of the body, was a very much inflamed spot about the size of the palm of the hand, painfully sore to the touch; soon after pimples began to appear on this spot in a large group, they caused violent burning. Later, a pain went from this belt-like spot to the left hip and into the groin; the pain was like rheumatism; motion increased it. B.

*Scrofulous ulcers on the back. (2) B.

A burning, bruised pain in the os coccygis. G.

Shoulders and Upper Limbs.

In the evening, violent pain in the left shoulder and in the chest, with a feeling as though an eructation would relieve the pain. B.

Pain in front of the right shoulder. B. Shoulder pain. 154.

The right arm and back of the hand are painfully sensitive to the least touch. G.

A sprained pain in the wrist—drawing, scraping. B. 2.

Pain in the wrists. 152.

In the afternoon a bad pain in the right hand, so that he cannot use it. B.

Hand pain. 154.

In the hands, drawing trembling feelings. 152.

Pain in the fingers of the right hand while writing. B.

Tearing in finger-joints. 155.

Pain in the finger-joints.

The pain in the arm extends to the tip of the little finger—periodically, a very sensitive, piercing-drawing pain, so as to draw up the little finger. G.

The tips of the fingers were very sensitive to the cold; the pain becoming more intense when they grew cold. G.

Tetter on the hands at first much increased, and afterwards much improved; little blisters, itching, oozing after scratching, with a hot swelling of the hands. They were not on the back of the hand or on the joints or knuckles, but on all other parts. R. R.

Lower Limbs.

140. *A lad seven years old had the "white-swelling of the hip for three years. The bone was dislocated upward and outward; there was a large opening on the hip, leading to the bone, into which I could thrust my finger. I counted three ulcers. He had been under several physicians who had given him up. After using a decoction of the Rock-rose, in two days his night sweats ceased; thirty-nine days after he was entirely well. Dr. J. H. Thompson, Philadelphia.

Pain as from a blow or shock in the left buttock, going down on the inside of the thigh bone, distinctly felt in the knee-joint, and spasmodic drawing together of the calf of the leg. G.

Drawing, trembling feeling in the lower extremities. 152.

While walking a violent pain in the right thigh. B.

Pain in the knees and in the right thigh when walking or sitting. B.

145. Pain in the knee, coming from the thigh. 141.

Pain in the knee-joint.

Tearing in the knees. 155.

Pain in the knee in the evening. 152.

Spasmodic drawing together of the calf of the leg. 141.

150. In the evening a sharp, piercing pain in the right great toe. B.

*Cold feet. (1) B.

The Whole Body.

Involuntary drawing and trembling feeling in the muscular parts of the hands and lower extremities, with pain in the wrists, fingers and knee-joints. B.

Pain in all the joints. B.

In the evening pain in the knees, in the right hand and left shoulder. B.

155. Always, on repeating the dose, a drawing and tearing in all the joints, particularly in the knees and finger-joints. B.
A bruised pain in all the limbs, as if from fatigue. B.
Trembling with the fever. 170.
Sensation as if ants were running through the whole body, in the evening, a quarter of an hour after lying down, then anxious, difficult breathing. 111.

Sleep.

Very restless at night the first night; the next night slept well. G.
160. Very restless at night, pain from flatulency; he could move the wind with his hands and hear it. G.
Anxious dreams. 103.
*In the night swallowing of saliva on account of dryness. 53.
*Must get up in the night on account of dryness in the throat.
*The dryness in the throat worse after sleeping. 56.
165. *On awaking pain under the hypochondria. 81.
*Night sweats. 140.

Chill and Fever.

Chill succeeded by heat. 170.
*Chilliness. B.
Cold feeling in the abdomen. 83.
170. Cold feet. 151.
Violent chill succeeded by fever heat, with trembling accompanied by a quick swelling and great redness of the glands below the ear and in the throat. B.
Heat with thirst, causing to drink frequently. B. Heat in the face. 34, 35.
In a very warm room the skin grows moist; at the same time the forehead is not only externally cool, but also there is a feeling of coolness inside. G.
Cold air causes pains in the throat. 48, 49.

Skin.

175. Itching all over the body, without eruption. B.
Itching on the abdomen and navel, 90; on the scrotum. 100.
Vesicular erysipelas on the face. 37.

Eruptions on the back, like zoster. 123.
Tetter on the ears,* 25; on the hands. 139.
180. Furunculi which commenced with a number of small blisters. Pehrson.
Lupus on the face.* 39.
*For scrofula, a popular medicine in North America.
Mr. C., from a child, was afflicted with the scrofula, and had also glandular swelling on the neck; at the age of sixteen he was much worse, had eight abscesses on the neck, three ulcers on the shoulder and three on the hips; at forty years of age he had his head drawn on one side, and was unable to labor. After using the Rock-rose for four weeks, the ulcers broke, discharged and healed; the tumor lessened in size, his head resumed its natural position and he went regularly to work. Later his scrofulous symptoms returned again and he also bled at the lungs, for which he used it again with the same beneficial results. Professor Ives.
*Hard swelling around all her syphilitic mercurial ulcers on the lower limbs. R. R.

SIDES.

First in the left then in the right shoulder; pain from right to left side, 12, 67; pain from Zoster. 123.

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185. Pain in the left shoulder and right hand. 154.

In the right eye-socket piercing pain and headache on the same side, 16; stitches in the left eye. 17.
In the left nostril, burning sensation, 30; left side of the nose painful, 31; toothache in the left side. 40.
In the left hypochondrium stitches, 80; induration, (120,) and* inflammation (121) of left mamma.
Right side below the shoulder blade, eruption on. 123.
190. Pain in the right shoulder, 127; and in the left, 126, 154.
Right arm pains in (128), and in the right hand (128, 131, 154,) while writing. 134.
Over the left hip pain, 155; and in the left buttock. 141.
Right thigh, pain in, 143, 144; and in the toes of the right foot. 150.

Times of Day.

*From noon until 1 to 3 A. M. the dryness in throat is worse. 55.

Afternoon, pain in the hand. 131.

Towards evening, flatulence, 89; and urging to stool, 92; cheerfulness, 3; puffed up with flatulency, 84; sneezing, 28; *wheezing, 112; on two successive days difficult breathing after lying down, 111; pain in the chest, 126; in the shoulder, 126; in the knee, 154; piercing pain in the toe. 150.

During the night, swallowing saliva to relieve dryness, 53; wheezing, waking others, 112; scratching in the larynx, 103; at daybreak, diarrhœa, 94.

In the morning, thin stool, 93; sneezing, 28; *sore throat and dry tongue, 59; pain in the hypochondrium, 81; more expectoration, 62.

*All his symptoms worse in the morning. (1) B.

Forenoon, diarrhœa, three times. 94.

All day, headache, 6; coolness in the throat. 47.

Warm and Cold Air.

In a warm room moist, but cool skin. 172.

Fresh air through the open window relieves the difficult breathing. 111.

When growing cold the pain in the fingers increases. 138.

Inhaling cold air causes sore throat. 48, *49.

Touch and Motion.

The least touch increases the pain in the hand. 123.

Repeatedly after lying down the difficult breathing recurs. 111.

After lying down in bed, (fifteen minutes,) a sensation as if ants were running through the whole body. 111.

When sitting, pain in the thighs and knees. 144.

Motion increases the pain. 123.

While writing the hand becomes painful. 134.

While walking pain in the thigh. 143, 144.

Other Medicines.

Coffee causes diarrhœa. G.

Sepia cured a painfully swollen nose. 31.

Belladonna, Carb. v. and Phosphor. acted favorably between repeated doses of Cistus. B.

COBALTUM.

History.

The German miners used the words *Kobold*, an evil spirit, and *Nickel*, a mocking spirit, as names for such ores as were profitless, and appeared in place of the useful metals they worked for.

1413. Basilius Valentinus introduced the word into chemistry to signify such ores.

1513. Paracelsus described the Kobalt as a metal fusible like the zinc, blacker than lead or iron, with less lustre and malleable, but not sufficiently so to make it applicable for use.

1735. George Brandt described it as a separate metal, different from bismuth, and discovered that it was magnetic.

1780. Bergmann proved it to be a peculiar element, which had been doubted.

1798. Tassaert, in 1799 Bucholz, in 1800 Richter, in 1802 Thenard and in 1806 Proust examined its combinations with oxygen.

1807. Lougier first taught how to separate it from Nickel by oxalic acid. The later chemists examined it more and more closely, but it still remained very difficult to separate it from Nickel. Berzelius says: After all other metals (contained in the ores) have been removed, Cobalt and Nickel remain; these two are without exception found together. To his knowledge the one has never been found without containing at least some traces of the other.

1848. Whoeler, Liebig and Rose made known a more certain method of separation, which Liebig still further improved in 1853.

1850. Doctor Genth of Philadelphia, our great chemist, discovered his peculiar and remarkable Cobalt combinations, and published them in 1851. These were assumed and named by Fremy.

Dr. Genth, the first discoverer of these combinations, which have had so great an influence on the scientific theories of the chemistry of our day, found during his researches, that

he could prepare Cobalt in perfect purity, and for the first time separated from even the slightest traces of Nickel. And of this chemically pure Cobalt, the first proving was made July 17th, 1850.

Hartlaub in his annals (III. 3) in 1832, published a proving of Nickel, made by *Nenning* on different persons, without saying a word about the different preparations used. We may suppose that it was not pure. Besides, the statement of *Trinks* of its having been the carbonate, cannot be trusted, and Gruner's advice to prepare the oxide and afterwards combine it with carbonic acid, is, to say the least, superfluous.

In *Jahr's* Pharmacopœia and Posology it is called Niccolum carbonicum, but Buchner's directions for preparing metallic Nickel are copied.

Our proving of pure Cobalt and afterwards of pure Nickel, show by this "dynamic analysis" as we may call it, the great accuracy of Nenning as an observer, as well as that his preparation was Niccol not separated from the adhering Cobaltum.

On the 17th of July, 1850, C. Hering made his first proving with one-twentieth of a grain of the triturated metal.

On the 12th of November, he made the second proving by smelling the decillionth.

1857. *Noah Kollar*, his assistant, took from the 1st to the 8th of September, five grains of the third trituration.

Dr. A. Lippe, November 4th, 1851, took two grains of the first trituration in two ounces of water. November 19th, two grains of the same trituration; later a few globules of his preparation named 50.

Under his direction further provings were made by *Dr. I. Jones*, who took from the 4th to the 7th of November, a grain of the first trituration five times.

Dr. G. E. E. Sparhawk made four provings; he took from November 4th to 6th, four grains of the first centesimal trituration; November 11th, of the second trituration; November 15th to 17th, globules of the 30th; and December 1st to 5th, of the preparation of Dr. Lippe named 50.

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AN INTRODUCTORY LECTURE,

Comprising the Principles of Obstetrics and the Diseases of Women and Children, as taught in the Homœopathic Medical College of Pennsylvania.

BY PROF. H. N. GUERNSEY.

GENTLEMEN:

The principles of Homœopathy embrace the whole truth of the medical world, and their investigation and practice afford the greatest scope for the development and application of the mental and moral powers. Vast as is the domain of learning, and extraordinary as is the progress which has been made in all branches of science, we can safely say of Homœopathy, as of all the rest, that the wonderful discoveries already made, bear but a small proportion to those which will hereafter be brought to light. And, as in all other things belonging to human improvement, so in Homœopathy, there is ample room and scope of investigation to satisfy the most eager thirst for knowledge, and diversity enough to suit every variety of taste, order of intellect and degree of qualification. For the peaceful conquests of the mind, there is an unknown world, other than that for which Alexander wept, hidden as yet behind the veil with which nature covers her secret mysteries, but stretching all along

the confines and into the very heart of the kingdom of knowledge, and sometimes nearest to the earnest seeker, when least suspected.

The science of Homœopathy offers yet many a field which the foot has not pressed nor the eye beheld, but of which the mind in its deeper and more excursive musings will sometimes catch a glimpse, which will bring to it a gleam of light from Hesperian Islands, a fresh and fragrant breeze from an unseen land, Sabean odors from a spicy shore, in after times and by happier voyages to be approached, explored and inhabited.

How many have felt, at times, when the world around them was wrapped in slumber and when with all their soul in their eyes they gazed into the star-lit depths of the midnight heavens, and lost themselves in contemplation of the worlds and systems of worlds that sweep through the immensity of space,—how many have felt that even all that veiled mystery must one day yield and open itself to the ardent, unwearied, imploring research of patient science. How many have felt, in those choice and blessed moments, in which the world and its interests are forgotten, and the spirit retires into the inner sanctuary of meditation; when losing consciousness of self, and dwelling only on the infinite perfection of which human life is to be the earthly image, and kindling the flame of thought on the altar of prayer,—how many have felt in such moments, that it must at last be given to man to fathom the secret of the fearful and wonderful making of his own being, and to have solved for him the mighty problem of the Divine Providence, in his creation, preservation and ultimate destiny.

Gentlemen: I am not in a land of dreams. I am fully awake to the actualities of the material world, fully conscious of the impressions which come to me through my natural senses. The mental or spiritual worlds of human affection and thought, actually lie within the material world, do in fact constitute its life. So that in the effort to adapt our medical science to the great use of removing the physical ills of

human existence, we must deal with metaphysics as well as with physics. Indeed, the physician's work has but fairly begun, when he has placed his foot upon the last round of the ladder of physical science. If he be a physician in very truth, he must go onward and upward, *onward and upward;* and the more he perfects himself in the knowledge and practical recognition of the laws of metaphysics, and brings them into harmony and cooperative action with the laws of physics, the brighter and more beautiful and glorious will be the crown of success which shall rest upon his labors. Not only do we make the lame to walk, the deaf to hear and the blind to see, but we treat successfully the most abject cases of insanity, actually cast out as it were the grievously tormenting spirits and present again upon the great theatre of life, sane minds in sound bodies; not to exalt, but to humble and encourage us, by such evidence of our instrumentality in the operation of higher laws, and in the development of principles and powers lying above and beyond the physical world.

In this Institution, Gentlemen, as in all the Medical Institutions of our country, the professional course of study embraces seven distinctive branches of science; Anatomy, Physiology, Surgery, Materia Medica, Chemistry, Therapeutics and Obstetrics. There has prevailed a very general, but to my mind, a very grievous error, to the effect that it is needless to include all these branches in the course of study pursued in a Homœopathic Institution, that the student should visit the Allopathic schools in pursuit of knowledge of the several branches mentioned, and Homœopathy be made a special study at the end of the course. As if Homœopathy were a mere appendage to Allopathy.

Not so! The principle of Homœopathy should be made the very basis and ground work of all medical education. And not only should Homœopathy be made the basis and ground work, but it must also constitute the very essence of the whole course of study, pervading it as a living principle permeating its every form, intertwining itself with all its modes and facts; thus replete with life, it may be to all

branches of science like a golden chain which, descending from the Olympic Jove, unites all the parts of the universe into one, and subjects them all so united, to his rule and law.

To become a successful physician, at this day, it is necessary that the student should prosecute his studies in an institution which makes the Homœopathic principle its acknowledged basis, and leaves its unmistakable impress upon every department of professional knowledge. Under such circumstances only can it be expected that the mind will become fully imbued with all the minutiæ of our science. Under such circumstances only, untrammeled by false and fallacious doctrines put forth by the Old School, and guided by the clear light of facts gathered and protected beneath the banner of Homœopathy, can the mind attain rational freedom of action, and move through the immense fields of the still unexplored regions of knowledge, in pursuit of new discoveries and new means of healing power.

Gentlemen, it is my purpose, and it shall be my endeavor, as, I am confident it is the purpose and will be the endeavor of each of my colleagues, to introduce into my course of lectures all the latest discoveries and improvements in my department; and to give you, with these, all that I may have been enabled to gather in addition, from my own personal observation and experience. Every faithful and honest practitioner has opportunities of his own to observe, compare and eliminate new truths from the existing conditions which come under his eye. And if I speak of myself, in this connection, it is not to elevate myself in comparison with others, since they can doubtless say as much or more, but to elicit your confidence in my teachings, as based upon actual experience as well as upon careful study. Since I have been in the practice of Homœopathy, I have had placed in my hands nearly three thousand cases of obstetrics. Out of this number, I have lost but three mothers; one from puerperal convulsions; one from gradual sinking, owing to nervous exhaustion and one from rupture of the vagina, the child being

expelled too suddenly, and before I arrived to render any assistance in the labor. With the above exceptions all accidents, such as puerperal fever, convulsions, hemorrhages &c., have yielded readily to the Homœopathic remedies, without any resort whatever to the usual Allopathic measures All hemorrhages of the uterus, in cases of abortion or from other causes, have been controlled without the use of the tampon, the cold douche, or any other means save the specific remedy. I neither advocate nor employ topical applications in prolapsus uteri, leucorrhœa, ulceration of the neck of the uterus, etc.; and the success I have met with in the treatment of such cases, fully justifies my reliance upon the remedies Homœopathically indicated in each particular case. In managing cases of placenta prævia, which are so brutally and fatally maltreated by most accoucheurs, what method can be more desirable in its nature and results, than one of my own by which not a particle of pain is inflicted upon the already suffering patient, the frightful hemorrhage being controlled at once, and both mother and child invariably saved.

Gentlemen! permit me to say, for the sake of our cause, that in the treatment of diseases peculiar to women and children, during the course of an extensive practice, covering a period of nearly twenty years, I have never found it necessary to deviate from the principle, "similia similibus." In full reliance upon the actual power, developed by a right application of this principle, you can freely meet every form of disease, and hope to conquer, if human means are to be of any avail in prolonging human life.

While expounding to you the scientific principles and methods peculiar to the branch of obstetrics, I shall be able to draw largely upon actual experience in the illustrations which I shall present to you. And it will be my aim to impart to you as great an amount of practical knowledge, as it may be possible for me to give you; upon which you may rely with *certainty*, and which may be rendered immediately available. And, in order to show you that Homœopathy is not a mere pellet of science, but a *great practical* system, I

will pass in review some of the advantages which accrue to the obstetrician from basing his scientific knowledge and practice upon the law, "Simila similibus curantur."

The celebrated Tyler Smith, of London, says: "The obstetric art has for its principal aim, the study of the act of parturition itself, of all that relates to the prevention or alleviation of the pangs and dangers in which women bring forth children, and of the preservation of their offspring."

Our Homœopathic experience has demonstrated most fully, that we *can* do much, *very* much, to facilitate the act of parturition, to relieve the pangs of labor, to lessen its dangers, and to preserve the offspring. Are the labor-like pains false or premature, or does abortion threaten to destroy the product of conception, it is in our power, by the administration of the right remedy, to correct the evil, and to allow pregnancy to continue to the full period of gestation, when it will terminate in a less painful delivery, and with almost certain assurance of safety to the life of the child.

Are the labor-pains distressingly severe, we ameliorate them. Are they spasmodic, we render them natural. Are they too weak or flagging, we give them vigor and force. Should they cease, and danger threaten and death impend over mother or child from that cause, we have it in our power to restore them again, and thus to remove all danger. Indeed, it is no more than the truth, to say, that all the conceivable difficulties to which the parturient female is liable, save those arising from mechanical obstruction, may be set aside with greater or less ease by the administration of the proper Homœopathic remedies.

It is a subject of general remark among women, who have had both Allopathic and Homœopathic treatment during the entire period of pregnancy and lying in, that their sufferings are much less, that they get well sooner, and with far less loss of strength, under the latter, than under the former. Surely this testimony is invaluable. Again, under Allopathic hands, some women always give birth to scrawny, ill-shapen, unhealthy children; which are raised with much

difficulty, if at all; but which, in many instances, are relieved by death from a miserable existence, even before the first dentition has been fully accomplished. Under Homœopathic care, when exercised from the beginning of pregnancy, these same women have become the happy mothers of plump, well-formed and healthy children, raised with little or no difficulty, and cutting their teeth with comparative ease. Their growth and development are natural and orderly, and when compared with those who have survived the treatment of the Old School, they do not appear like children of the same family.

Still further,—we find a class of women, whose children at the full period of utero-gestation are always presented for delivery in an unnatural position. In some the face presents, in others a shoulder, in others the breech, and in others no two presentations are alike. Now, gentlemen, the position and presentation of the child at term is solely due, in all cases where accidental causes do not intervene, to the reflex action of the vital state of the mother upon the offspring, during the entire period of pregnancy. The fœtus in utero has no will of its own; it has not even instinct; nor are its motions spontaneous. It moves only as it is moved; it moves, as it lives and has its being, from the mother alone. It is subjected entirely to the source of its natural existence and subsistence. As Dr. Simpson expresses it: the motions of the fœtus are entirely excito-motory. It is not difficult, therefore, to understand why we have such a variety of malpresentations recorded in the works of Old School practitioners. A certain disorderly state of the pregnant female will be sure to produce a corresponding abnormal position or presentation of the child, if it be allowed to continue until the full term is accomplished. The whole life of the mother, mental and physical, enters into and forms the whole life of the child. As the one moves, so moves the other; as the one turns, so turns the other. Nay, the life of the fœtus is as much a part of the life of the mother, as is the vitality of any other portion of her body. It is as much a part of the

mother's life, as was the seed, from which it was conceived, a part of the father's life. And even as the latter derives its whole quality, and form, and peculiar effect from the quality of its origin and source, so do the ovary and the products of the ovary obtain their entire quality, form and ultimate appearance and presentation from the living cause of their existence. There is no escape from the logic of the simple law of cause and effect. And, therefore, I maintain that if we prescribe according to the symptoms manifested by an existing cause, all the effects flowing therefrom will cease; and that in the cases under consideration, in succeeding accouchments, we shall have the most favorable positions as well as presentations.

This, gentlemen, has been my experience, and it has been the experience of others, eminent in the profession. Upon the ground of reason, then, confirmed by experience, I confidently assert, that no child at term need be presented abnormally, if it remains free from the interference of accidental causes. Again, where Homœopathy is truly represented, from birth to maturity, and throughout the life of the female, it affords the means of preventing the formation of those frightful pelvic deformities, which so often fill with horror the chamber of the lying-in-patient. Homœopathic treatment, through life, may obviate these difficulties and dangers, and many more. It may prevent the formation of osseous growths, —fibrous, ovarian, and fatty tumors, and all those morbid productions which cause mechanical obstruction to parturition. It may also prevent those frightful hemorrhages, of which we read and hear so much from the Allopathic profession. Most of these hemorrhages are the result of constitutional derangements, which a specific mode of treatment will certainly cure. Retention of the placenta,—either by adhesion, or by abnormal uterine contraction, such as the hour-glass contraction, &c.,—puerperal convulsions, and all such pathological attendants upon a purely physiological function, may be prevented by timely treatment according to the law, "*similia similibus.*" Barrenness, and the failure of

the organism to carry on gestation to the birth of living and well-formed children at the full term, are disorders equally amenable to our law.

It remains for me to state, gentlemen, as briefly as possible, the method I shall pursue in presenting the various themes comprised in my course of lectures on Obstetrics and the Diseases of Women and Children.

The course is properly one; and I shall strive so to blend the whole as to render it as completely one as possible. Too often, this all-important branch of medical science is divided —a long and tedious course being given on Obstetrics, while the Diseases of Women and Children are hurried over, or scarcely considered at all, for want of time.

Throughout the entire course, in all its various departments, I propose to place side by side the normal and the abnormal, the healthy and the diseased conditions, so that the contrast shall be striking, the nature of each particular case shall be more clearly understood, and a more lasting impression made upon the mind of the student; while at the same time the means and the remedies to be employed in each particular case will be explicitly pointed out.

Can we properly understand the diseased conditions before becoming acquainted with the natural and healthy? Are they not at once more striking and more easily understood, when thus placed side by side and compared? And when can the means of remedy be more appropriately pointed out than when the morbid conditions themselves have just been described? In this way, by avoiding repetition, as well of descriptions as of demonstrations, much valuable time will be saved. And I trust that, at the close of this course, nothing of what is known at the present day in this department of medical study will have been omitted, which may be necessary to render you eminently proficient as accoucheurs and as physicians.

And now, gentlemen, do you fully realize the importance of this branch of our profession? Do you recognize its intimate connection with the highest and holiest of all human

relations,—the bond of marriage between man and woman, and its important bearing upon that great central relation, upon which all others depend and from which they spring? Marriage is ordained of God, in creation, for the procreation of the human race. Father, mother, child, constitute the grand trine of every perfect form of humanity. What is a man without his wife? What is a woman without her husband? What are husband and wife without their child?

Upon the more or less perfect condition of this trine, rests the whole fabric of human society; and in its true and orderly relations and results are the sources of human joy and progress. By Divine appointment, marriage and the procreation of children are intended to bring happiness to the human race, and to originate and develope true social order and well-being. The unhappiness and misery, the disorders and evils, which accompany it, in our experience, and overflow the earth, are, in contravention of God's purpose, introduced by the perverse and evil wills and desires of men, acting in that freedom which is a necessary constituent of their humanity. To aid in ameliorating these evils and disorders, to help in the work of human reformation and restoration to a true condition and into right relations with the Divine order; to assist in the preservation of human health and vigor, as a basis on which the Truth can operate through sound, healthy and vigorous minds,—these are the high and sacred duties of the physician. Are not these incentives sufficient to draw forth all his energies, to call into action all his powers, and to make the devotion of his life to his use a labor of love?

Gentlemen, let us learn and labor to do our part of good to our fellow beings, even as the Lord, who has made and preserves us, does infinite good to us and to all men.

REVIEW.

On the Chemical Treatment of Disease.

We have received the September (XXIst) number of the Annals of the British Homœopathic Society, and recommend our colleagues to read it. It is an alternation of comedy and tragedy, of the ludicrous and of earnest instruction; and will cause the reader to laugh and to shed tears, to despair and to hope: but by reading to the end this last venom against Hahnemann and his followers, who contend for Homœopathy as it was created and developed by him, the hope, nay the certainty will prevail that it will only tend the more firmly to establish the truth, and to hurl back into the dark ages of calomel and jalap, bleeding and hot water, these pretending hangers on to the great body of consistent Homœopathicians: while the latter must become more and more convinced that every effort should be made to prevent compromises, to resist inconsistencies and to adhere unwaveringly to the standard of accepted principles.

For the present it will suffice to review the position of the most outspoken representative of the quasi Homœopathicians.

Dr. Richard Hughes read a paper before the British Homœopathic Society, "On the Chemical Treatment of Disease." The proposition on which he rests his argument is: "The "agents, at the command of medicine, affect respectively the "mechanical, the chemical and the vital functions of the "Organism." And the conclusion drawn from this proposition is: "Therefore we have recourse to mechanical, "chemical and dynamical means to cure diseases."

In strict logic, Dr. H. thus says, because agents at the command of medicine affect the chemical functions of the Organism, therefore we have recourse to chemical means to cure disease. It is evidently assumed, *a priori*, in this argument, that

diseases are caused by the influence of chemical agents on the chemical functions of the body. Let us for the moment suppose, for argument's sake, that these chemical agents do in such a manner affect the so-called chemical functions of the organism, as to produce disease in general. *How* does Dr. H. propose to cure, by chemical agents, such forms of disease? As *chemical agents*, they must of course be given in material if not in massive doses. And if given in accordance with the law of the similars, they would but add fresh fuel to the fire, pathological insult to the original pathogenetic injury.

But if they are to be given in accordance with Dr. H.'s *chemical* theory, which is thus seen to be identical with the law *contraria contrariis*, does not the advocate of such modes of treatment do all in his power to lay the axe at the root of the Hahnemannian *law of the similars*, which he professes to respect? And in what does he differ from an open and avowed enemy of the true principles of medical science, except in having assumed the Homœopathic livery of Heaven to serve the Allopathic Devil in? As the mighty Cæsar fell wounded in the midst of his friends, so the glorious system of Homœopathy cannot but be seriously threatened, when its fundamental principles are being secretly undermined by its professed supporters.

But to return to Dr. H.'s proposition; if he intends natural diseases (as the result of chemical influence) he is manifestly in error. While if he means poisonings,—voluntary or involuntary,—he may be right to a partial extent. In the course of his argument, however, the doctor shows that he does mean natural diseases. He contends that the disturbed chemical functions of the body find their curative remedy in chemical means. He admits that pure Homœopathy allows only dynamical and mechanical means. But states, page 216, "I have to submit humbly to you to-night, whether we, "at the present time, may not be physicians rather than "Homœopaths, and bring not only mechanical, but also

"chemical agencies to bear upon disease, in addition to the "dynamic remedies given us by Homœopathy."

It is tacitly admitted that Homœopathy gives only dynamic remedies, and if Homœopathy, for good reasons, excludes chemical agencies, not only considering them superfluous, but absolutely injurious, what can "the present time" demand? We must either show that the dynamic agents are inadequate to cure diseases, doing less good at the present time than formerly, or that they have always been inadequate and the whole system of Homœopathy of no account. There has been no proof offered that the dynamic means are insufficient for the cure of all curable diseases; and if such proof were offered, the witness must be known to possess the necessary qualifications for properly and effectually applying the dynamic remedies: he must be a Homœopathician. If "we," at the present time, be rather physicians than Homœopaths, then "we" cease to be Homœopaths, in the special sense, and become physicians in the general sense of the term. If "we" accept something of Homœopathy and add something else foreign and heterogeneous to it, "we" are no longer Homœopathicians, but physicians of what school? I think such physicians should be deemed Syncretists or Syncreticians, to all intents and purposes.

The progressive physicians of the Old School are adopting the fundamental principles and practical rules of Hahnemann one after another, and thereby demonstrate a desire to become rather Homœopathicians than physicians. What they accept, Dr. H. rejects; what they reject, Dr. H. accepts. Whether the garbled, unharmonious composition proposed by Dr. H. will be better or worse than Homœopathy, is quite a different question, and has nothing to do with our present purpose. The Homœopathicians of the present day are progressive in another direction, and cannot stop to pick up old arms, abandoned ammunition chests and other rubbish, left by the enemy on the battle-field; their cry is—forward and to victory.

On page 218, Dr. H. says: "I think the *onus probandi*

"here rests with objectors. I know of no evil having "resulted from the saturation of the system with alkali which "forms the modern treatment of acute rheumatism. And I "see no reason why chemical remedies should interfere with "our dynamic agents any more than do the salt of our food, "or the cod-liver oil of our daily prescriptions."

The author wants *us*, (the Homœopathicians,) the doubters of all his multiform assertions, to prove his position wrong. But where does he stand? Has he not left us? Has he not abandoned our school by denying its principles? And is he not assuming our name under false pretences? Or would he not have been more explicit if he had admitted that he and his colleagues had assumed to explain what they understood by Homœopathy irrespective of anything Hahnemann might have declared as fundamental principles or practical rules. And that, therefore, at "the present time," it would be quite proper for these "objectors" (*i. e.*, the guardians of the well-established natural laws, the results of Hahnemann's experiments) to prove his position false.

We again return to the old question which it is time to solve, viz.: What *is* Homœopathy? and who is a Homœopathician. These questions once and forever solved, no further controversy can ever occur. Objectors to universally accepted characteristics of Homœopathy, would find themselves at once—outside.

The learned doctor can see no reason why "chemical "remedies should interfere with our dynamic agents." And thus confesses himself either ignorant of or opposed to Homœopathy; in either case the *onus probandi* does not rest with the Homœopathicians.

One of the great fundamental principles of Homœopathy demands that but one remedy should be administered at a time for the cure of the sick, and that its action should not be interrupted by any other medicinal substance. In order that a good result may be effected from the treatment, it is absolutely necessary to follow this rule. And none know the correctness of Hahnemann's rules better than those who

have strictly followed them. And for this, if for no other reason, we feel much inclined to think that Dr. H. has never truly, honestly and diligently followed this or any other of Hahnemann's rules. If he has never seen any evil result from saturation of the system with alkali, he well defines his own medical position. So there are many very respectable physicians of the Old School, who say they have never seen any bad results from the largest doses of quinine, or from the administration of chloroform in parturition; do such assertions establish facts? Do they not by such blindness or want of power of observation unwittingly prove their own unfitness for the profession? And so with "the cod-liver "oil of our daily prescriptions." Who are meant by "our?" Most certainly not the Homœopathicians, who, true to their principles, will not give cod-liver oil as an "adjuvant;" but administer it, if at all, as *the remedy*, and *alone*. Or is this a "chemical" remedy, and therefore entitled to become the adjuvant of some other and still more powerful drug?

Dr. H.'s further argument is based on the theory propounded in page 219, "In anæmia iron is wanting;" and again in illustration of this he says: "Who of us that has "known anything of Old School practice, does not feel that "the treatment of anæmia by full doses of iron is one of the "brightest spots in its field."

Had this sentence been uttered at the small hours of the night by an undertaker whose custom had been seriously diminished by his neighbor, the Homœopathic doctor, we would at once understand it and give due credit alike for his sagacity and for his wit. The bright spots in the field being of course the new tomb-stones and newly made graves, the smiling evidences of a profitable undertaking. Sly as he is, the druggist around the corner is his friend; and at the "wee sma' hours ayont the twal," they drink their parting glass "to the doctor who gives the most iron!"

Whether iron is wanting,—*i. e.*, exists in diminished quantity,—in anæmia or not, "full doses of iron" will not supply this (imaginary) deficiency. If iron be the Homœopathic

remedy, the full dose may be the 30th, the 200th, or the 50,000th potency. A full dose is certainly the dose which is fully adequate to the cure. Full doses of iron, in Dr. H.'s sense, have done as little good and as much harm as any other medicine administered without principle, or contrary to the true law of cure. If Dr. H. does not know this, has not observed it, he only exposes his lack of opportunity or power of observation. The most distressing cases of incurable illness it has been my lot to attend, have been exactly such abuses of "full doses" of iron for anæmia. If for this pathological condition iron is administered, and to make it worse in "alternation" with Chininum sulph., such chemical treatment causes a poisoning of the system. It is a process of poisoning, and the perpetrator should be tried for the crime, whether he *pretends* to be a Homœopathician or not; the result is inevitable; bright spots indeed are these inevitable results; bright spots in the field—of the undertaker. If with Dr. H. the name of the disease is to indicate the remedy, as in "full doses of iron for "anæmia," we would ask where he finds such teaching in Hahnemann's works? But if compelled to confess that *there* are found teachings positively opposite, he must at the same time confess himself out of place—to have inadvertently entered the Homœopathic ranks. By and by, perhaps, he may see his false position, when he comes to understand how absurdly ludicrous he appears in his dress of *specific* verdure among individualizing observers.

In order to be better understood, we will present to the doctor a picture upon which he may look,—unless, perhaps, he should prefer to gaze only upon "the brightest spots in "the field,"—of the undertaker. But by all means let him see something. Behold then the picture—it is of a woman. Her face is red and hot; she has violent pain in the back and abdomen, and she has hæmatorrhœa,—partly of black clotted, and partly of thin, pale blood. The Homœopathician cures this case of disease with a single dose of Ferrum, probably the 200th. Behold another picture,—of a child, three

years old, and in general quite well, only that acids disagree with him, that he is restless at night when put to bed, the cause of which is an intolerable itching from ascarides within the anus. This one is also restored to quiet rest by one dose of Ferrum 200th. Does the Ferrum cure these cases because it is Homœopathic to them, or because, as Rademacher says, the number of red corpuscles is increased in all cases of provings? And how does Dr. H. accommodate these facts to Rademacher's assertion "that Ferrum is Homœopathic, not "to anæmia, but to plethora?"

We fully agree with Dr. H. when he says, on page 220, "I think it is time that we all spoke out plainly on this "matter;" and we go a little further and say, it is high time that we all spoke out very plainly on this and kindred subjects.

If anæmia is curable by Ferrum, *i. e.*, if the symptoms of the patient suffering from anæmia correspond with those *which* iron is capable of producing on the healthy organism, the minimum dose will cure that patient; and if that minimum dose fails, no "full dose" can possibly be followed by any other than disastrous consequences.

On page 223, Dr. H. says: "A survey of Homœopathic "literature will at once convince that, in acute rheumatism "at least, they (the lower dilutions) are far superior to the "higher." To be very plain in this matter, we politely contradict this assertion, boldly as it is made; we say it is incorrect, both as regards the literature and in experience. For the present we shall not discuss the question of doses, but content ourselves with a flat contradiction and the refusal to even admit Dr. H.'s opinion on that subjest, as he has given sufficient proof of his utter unfitness as an observer. In the meantime he would do well to ponder over Dr. Eidherr's reports on the comparative results of the various potencies in pneumonia. There can be no deception in figures.

On page 224, Dr. H. quotes from Dr. Russell's clinical lectures the following sentence: "In about every case of "rheumatic fever, which has been under my care in this "hospital, the heart was more or less affected." But the

deductions drawn by Dr. H. from this statement are incorrect. If the doctor decides to saturate himself with alkali, as he says is his intention should he be visited by rheumatic fever, he at least will act consistently; more so than his friend, Mr. Pope, who has not yet tried on himself Dr. Hempel's legitimate dose of arsenic.

To be very plain again: Dr. Russell's statement is indorsed by all modern Pathologists and Allopathic experience; but he did not say that the heart remained affected after the rheumatic fever had been cured by Homœopathic treatment. And since we possess provings of Lachesis, Kalmia latifolia. Cactus grandiflorus and Lithium, we succeed well in such cases; and can entirely dispense with the alkali theory, caring little whether it be modern or not, since it is as fallacious as its predecessor was and as its successor will be.

On page 227, the doctor says: "The body is governed "by mechanical, chemical and vital laws; and is influenced "by mechanical, chemical and dynamic agents." As an abstract assertion, this may be true and admissible; but the conclusion drawn from this proposition,—that diseases are generated by chemical laws,—is unsupported by the evidence. Dr. H. further says: "Homœopathy takes cognizance only "of dynamic agents; it admits, and indeed requires, the full "aid of mechanical measures: why should it not also work "hand in hand with chemical means." For the plain and simple reason that the origin of disease cannot be traced to chemical sources. And when we further read: "Is not the "treatment of anæmia by material doses of iron the best "known to medicine?" we are inclined to regard the whole paper as a satire on Homœopathy.

There are not and never will be specifics for specific diseases. All true homœopathicians will endorse my unqualified contradiction. Material doses of iron are not admissible, because unnecessary; we treat patients and not diseases, select medicines according to the similarity, and administer the similar in the minimum dose.

The doctor will find all his erroneous notions plainly con-

tradicted,—by an authority which he at least professes to respect,—if he will but read the Organon; beginning with the introduction, and then read the 16th and 52d paragraphs.

Those diseases only can be called chemical, which are the immediate result of chemicals acting as irritant or corrosive poisons. In these the treatment, so far at least as chemicals can be concerned, consists not so much in remedying the effects of the poisons as in neutralizing the poisons themselves and in expelling them from the system. For the removal of the consequences of such poisons, as well as for the restoration of harmony in the otherwise disturbed functions of the organism, dynamic means alone will be found sufficient.

Had Dr. Hughes' paper been sustained and endorsed by the British Homœopathic Society, we might well fear that Homœopathy was ill in England; but when we see Mr. Cameron, Drs. Quin, Yeldam, Drury, Chapman, etc., stand out boldly against this new schism, our hope is revived, and we confidently look forward to the day when Dr. Hughes and his friends will try to join hands with Allopathy. They are making that attempt in fact at present, but Allopathy will not shake hands with them, and Homœopathy has been discarded by them; where then are they? They blow hot and cold; they are neither flesh nor fish. They should call themselves *Syncreticians*, men who busy themselves in mixing together things which ought to be kept distinct. We have now Allopathicians, Homœopathicians, Eclectics, Magneticians, Hydropathicians; and shall we not have the pleasure of seeing the Schismatists, who busy themselves in mixing together heterogeneous medical doctrines and practice, establish themselves separately and adopt a suitable name? And could they adopt a better name than the one proposed? Should that name not be acceptable, we will propose another by and by; but we should much prefer that Dr. Hughes would take Dr. Chapman's parting advice, which we heartily second: "It is to be hoped that he will at last realize, to the full, the Homœopathic law—Let likes be treated by likes."

A. L

A FEW REMARKS UPON DYSENTERY

As it appeared in New York City and its neighborhood in 1865.

BY CARROLL DUNHAM, M. D.

[For the Homœopathic Medical Society of Cayuga County, New York.]

From the nature of my business I have not been called to treat many cases of dysentery. Three forms of that disease, however, have come under my observation in this city and its vicinity during the present summer.

1. In one of the adjacent cities, I have seen several cases in consultation, and have heard of others, which presented the following history:

The disease began with moderate febrile excitement and with symptoms, both local and general, which clearly indicated Mercurius. Under Mercurius, the cases improved until nearly convalescent on about the third or fourth day after the disease had fairly declared itself. At this period the amelioration ceased; the patient became drowsy and stupid, the urine was scanty, and that which was secreted was retained in the bladder; the appetite failed entirely; emaciation was very rapid, and the patient presented a strong resemblance to one in the second stage of a severe typhoid fever. Some of these cases lingered in this condition, causing great anxiety to the attending physician, until *Opium* was administered. Under this remedy (given in the 200th Potency) rapid improvement took place. The secretion of urine became free, and the intelligence clear. The appetite returned, as did likewise the dysenteric symptoms. The latter seemed to require Mercurius again, and under this remedy the patients made satisfactory recoveries.

2. In Jersey City, dysentery prevailed pretty extensively. Owing to some local exciting causes, it was, in some parts of

the city, quite severe. From my esteemed friend, Dr. H. Bowen, of Jersey City, I am happy to be able to quote as follows:

"We have treated a number of cases of dysentery this season, and all seem to have belonged to the same type: very violent cases and controlled by the same remedies. These were Mercurius sol., and Nux vomica.

Merc. sol. has never failed in a single case where it seemed indicated. The discharges were characterized by more violence than I have seen before; a good deal of bloody mucus, the blood predominating, with great tenesmus, before *and after* the discharge, lasting a long time. When there was any *green* in the discharges, it was a "pea-green" color. In cases of this kind, Merc. sol. controlled all the symptoms, *at once.* When there was not any *green* in the discharges, and the tenesmus continued long after the discharges, Sulphur changed it so that there would no longer be pain or tenesmus *after* the stool, and then Nux vomica completed the cure.

Nux vomica has *never* failed me where it seemed indicated: A good deal of pain, but *ceasing with the evacuations.*

Colocynth has been of great benefit in a few cases where, with the other symptoms in which Nux vom. would otherwise seem indicated, there were violent colicky pains in the abdomen and near the umbilicus, with, at times, a small quantity of fæcal matter in the stools. In such cases, Colocynth has not only controlled the *colicky pain,* but has gone further and controlled *all* of the symptoms.

This is a point that I have observed in the treatment of "*single* symptoms," or in giving a remedy to control a single distressing symptom: that, if it controlled this symptom, it also controlled other symptoms that would seem to require another remedy. All of which shows to me that the characteristics of the remedy should always be sought after as the best means to cure the disease. When I have found the *characteristic* symptoms of the drug to correspond with the characteristic symptoms of the disease, it has never failed to control the disease, or change it for the better."

3. In the city of New York, several severe and rapidly fatal cases have been reported to me, though I have not seen any such.

The patients (all children) were taken with dysentery of only moderate severity, and which seemed to indicate Mercurius, or Nux vomica. Under this remedy the evacuations ceased and the patients appeared to be convalescent. On the third or fourth day (when there had been no stool for eighteen hours), suddenly the patients sank into a complete collapse from which no treatment, no remedies, internal or external, no stimulants of any kind sufficed to restore them. Homœopathic and Allopathic treatment were equally unavailing. In the space of six to twelve hours death occurred. In one case there was green, watery vomiting during the collapse: in another dark hemorrhage from the rectum.

Crotalus was tried inffectually in one of these cases. I do not know that *Secale corn.* was given.

October, 1865.

THE "PROTEST."

In the *North American Journal of Homœopathy* for Nov., 1865, page 319, we find over the name of Geo. Lingen, M. D., a short article styled "A Protest against the Protest," meaning the protest against Lutze's spurious sixth edition of Hahnemann's Organon. After presenting the reasons upon which he bases his dissent from the Protest, Dr. L. concludes by saying, "That the worthy Faculty of the Homœopathic College of Pennsylvania should have fallen into the snare of re-publishing, and thereby endorsing said accusation, is not to be wondered at; for never before has falsehood more boldly been asserted in modern journalism, than in this instance, but nevertheless it is to be hoped that after a faithful examination of the facts, the Faculty will honor the truth, do justice to Lutze, and *faire l'amende honorable.*"

Had this chivalrous defender of one (not accused but) convicted of literary forgery, disproved the crime, instead of asserting that the Faculty had with others "fallen into a snare" from not having made a careful examination of the facts, we should have preferred to let the matter rest, leaving the author of this hastily written paper to the enjoyment of the "ivy-arbor of his trans-atlantic home." But since in this attempt to "make the worse appear the better reason," and to exculpate his friend, Dr. L. must needs accuse others, his paper calls for a degree of attention which its intrinsic merits could never secure. There is no cause so bad, no crime so heinous, but some one thinks chivalry demands his services in defense of the criminal. And if recent history has not taught our friend that a bad cause, however bravely defended, must involve its defenders in its own destruction, he can, if he chooses, enjoy the pleasure of sharing his fate with Lutze, "after a faithful examination of the facts."

But as Dr. L. himself has evidently "fallen into the snare," we will try to show him, by facts and arguments, where the snare is, while there is yet time for him to do justice and *faire l'amende honorable* to the Protest.

Dr. L. says he has seen the documents authorizing the insertion of paragraph 274, b., and that they are in Hahnemann's hand-writing. The only document Dr. L. has seen is a letter from Hahnemann to Aegidi, in which he (H.,) says, "I shall take the first opportunity to make a trial." Does this authorize Lutze to insert what upon trial had been rejected? Does not Dr. L. know that this same Dr. Aegidi, —fortunately still living to be a witness to the truth—of his own free will joins in that Protest against Lutze, and adds, "the practice therein rebuked is not dealt with as severely as in the interests of our science it should have been."

The edition of the Organon by Lutze is as unauthorized as are his falsifications. The whole history of the Protest, Dr. L. will find, and all the documents, on page 557, vol. 5, of the American Homœopathic Review. And in the fourth number of the Hahnemannian Monthly, may be found

Madame Hahnemann's letter to Dr. C. Hering, in reply to the offer of the Faculty of the Homœopathic Medical College of Pennsylvania, to translate the sixth edition of the Organon faithfully into the English language.

The statement in Dr. L's article, that Lutze represents Homœopathy "with a splendor and practical success, &c.," on the very spot where its illustrious founder enjoyed but a "pitiable tolerance," and "obscure notoriety" at best, is historically false. Hahnemann was called to Cœthen by the reigning Duke, and held the highest medical position in the Duchy; he was consulted by learned and influential men of all countries—Princes, Lords, Counts, filled the hotels of Cœthen, to be advised by him.

Dr. L. states that Lutze treats over one hundred thousand individuals annually. Taking ten working hours for each working day, and allowing each patient an average of three consultations in a year, this is equivalent to prescribing "with the most scrupulous exactness" for one hundred individuals an hour. Lutze may be in possession of some labor-saving, prescribing machine, of which we have no knowledge. But does all this prove anything in his favor? Does not the maker and vender of patent medicines in like manner proclaim the many millions of boxes of pills and bottles of mixtures which he furnishes, and which are sold and consumed in the course of the year? Is he therefore to be understood to prescribe "with the most scrupulous exactness," for so many hundreds of thousands of patients? And is he also to be considered the honorable representative of some School? Does he deserve praise because he makes more dupes than the most scientific physician finds patients?

And what, even according to Dr. L., has Lutze accomplished for Homœopathy? Have the one hundred thousand individuals treated "with the most scrupulous exactness," enabled him to add a single clinical observation to the thousands made by Hahnemann and his true followers? Has he, with all the "assistance of a well selected and regulated corps of secretaries and medical aids," added a single

new symptom to our Materia Medica? Judging the corps of medical aids by the specimens Lutze has himself sent to the United States—giving them (after they have served him long enough,) diplomas as valueless as they are unauthorized —they must have been of as little use to him there as their representatives seem to be to themselves and every one else here.

So much for the facts of the case; a few words respecting the argumentative part, and we have done for the present. Dr. L. says; "Do not tarnish the honor of one of the brightest representatives of Homœopathy." Lutze cannot, in any manner be considered a representative of Homœopathy; having placed himself without the pale by his own dissent from Hahnemann's published teachings. He has not only omitted from the organon Hahnemann's doctrine of the simplex, the simple remedy, but has substituted, *forged* in its place, his own doctrine of the duplex and triplex—the doubly and triply compounded remedy. He thus represents anything but Homœopathy. Whether he will be a *bright* representative of anything, time will show. His own witnesses testify against him; so also does Madame Hahnemann. Not "modern journalism," but he himself has tarnished his own honor.

It is certainly not to be supposed that all the leading men of our School, in his own country, among them Drs. Aegidi and Bœnninghausen, have committed themselves in issuing their Protest, without "a faithful examination of the facts." And how is it, that hitherto there has been, in Germany, no dissenting voice? Does it not appear as if Homœopathicians in Europe regard Lutze not only as having seceded from their School, but as having also resorted to the boldest forgery, in order to stultify all the life-long teachings of the Master, and by destroying his principles, undermine the entire system which he founded upon them?

And even if he were the representative that Dr. L. affirms him to be, when found guilty of this crime—as the facts in the case prove—should he not all the more be exposed?

In point of fact, Lutze already stands *convicted*—not merely accused, as Dr. L. fondly imagines. The verdict of the Homœopathic School has already been given in and recorded —*guilty of forgery.* And in such a case as the present, when the universal interests of humanity itself are at stake, however much we may pity the criminal, we must none the less expose the crime.

May we not hope that Dr. L., after a faithful examination of the facts, will recall his paper and do justice to the School to which he professes to belong? The genuine sixth edition of the Organon, now publishing under the immediate personal supervision of Madame Hahnemann herself, will most certainly supply such conclusive evidence against Lutze as shall put all his supporters to shame. A. L.

HYDROPHOBIN IN DIARRHŒA.

BY E. M. HALE, M. D.

While reading an article on "*Morbid fear* of Hydrophobia,"* by Dr. Hering, I was profoundly interested by the incidental mention (in a note by Dr. Lippe) of the cure with Hydrophobin 200, of a case of chronic dysentery, in which the characteristic symptom was—

"*The desire to stool was immediately caused when he heard or saw the running of water.*"

In the month of June, following the appearance of this article, a gentlemen applied to me to be treated for a chronic diarrhœa, contracted in the South in some one of our vast military camps. He had been subjected to the usual routine of Allopathic treatment, which is worse, if possible, in the army, than anywhere else. The malady increasing in intensity, however, he came North in the month of May, and

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* Amer. Hom. Review, Vol. IV., p. 486.

had been under Allopathic care here until I saw him at my office in June. His appearance at that time was peculiar. His skin had a sallow, pale, or anæmic appearance, and there were indications of anasarca—he looked bloated all over, but there was no "pitting" on pressure. His urine was too scanty and too high colored, as is usual in cases of chronic diarrhœa. His tongue was large, pale and flabby, but he complained of a constant sensation of intense dryness of the mouth and throat. Appetite good, but digestion deficient—a portion of nearly everything he ate passing the bowels in an undigested state.

The stool was always watery and profuse, attended by severe pain in the lower bowels. Their frequency was not uniform, some days five or six, others fifteen or twenty; usually more frequent in the morning hours. But the one characteristic symptom of the malady was this: *If, during the night or in the morning before rising, he heard the pouring of water in the next room, he was immediately obliged to rise and have an evacuation.* The same thing would happen if he saw or heard the pouring of water in the daytime. Sometimes he could control the inclination by a strong effort of the will, but the effort caused much nervous irritation.

This symptom was so peculiar, and so nearly identical with the one mentioned by Dr. Lippe, that, although the other symptoms did not correspond with those of his case, I resolved upon the administration of Hydrophobin. The 30th was prescribed, six pellets three times in twenty-four hours —one hour before each meal. At the expiration of forty-eight hours, urgent business calling him to Washington, he sent me word by a friend that he was so much improved, in respect of the diarrhœa, that he felt able to endure the journey.

In two or three weeks, the same friend came into my office and informed me that a letter just received from the patient informed him that he was rapidly improving, having had no diarrhœa of any amount since leaving this city.

This case seems to verify the value of the symptoms noticed

by Dr. Lippe. It also teaches us that *the characteristic symptoms* of the drug should guide us in its administration. The *key*-symptom once seized upon, all the rest are, in a certain sense, subservient or of minor importance.

NEW PUBLICATIONS AND NOTICES.

A Text Book of Materia Medica. By Ad. Lippe, M.D.—The first part of this new and important work will be issued by A. J. Tafel, No. 48 North Ninth street, about the first of January, 1866.

Obstetrics and the Diseases of Women and Children. By H. N. Guernsey, M. D.—This long expected and long promised work, of which some idea may be formed by perusing the author's Introductory Address, in the present number of the Monthly, is at last in the hands of the printer, and will be published by F. E. Boericke, No. 635 Arch street, Philadelphia, as soon as it can be carried through the press. It will make a volume of some six or seven hundred pages; and in addition to the description of the functions and processes involved,—in the light of modern science and of the latest discoveries,—will embody the Doctrines and the Treatment of the Homœopathic School, and be found especially valuable in giving the *characteristic indications* of all of the Homœopathic remedies which may be required in the various conditions of *parturition*, as well as in the diseases peculiar to women and children.

The Western Homœopathic Observer. Conducted by Wm. T. Helmuth, M. D., and G. S. Walker, M. D.—With the November number this journal enters upon the third year of its existence. To increase its usefulness Dr. G. S. Walker, of St. Louis, has associated himself with the former editor of the Observer, and his aid will give additional value and interest to its pages. Dr. Walker's Inaugural article,—"Experiences with High Dilutions,"—gives an interesting illustration of the manner in which many physicians have felt their way from the exclusive use of the lower Homœopathic preparations to the recognition of the virtues of the higher, and to their more or less constant employment.

To the North American Journal of Homœopathy,—Wm. Radde, New York, Nov. 1865,—and others of our exchanges, we are indebted for courteous notices of our Monthly, which in another number we will try to reciprocate, by giving some fuller account of all the Homœopathic periodicals published in this country, as far as they come under our observation.

Homœopathics—What it is, and the Logic of it!—A pamphlet under this title has been published by A. J. Tafel, 48 North Ninth street, Philadelphia. It is an interesting, strictly logical and clear statement of Homœopathics, of the totality of its characteristics—the simplex, simile and minimum—and of the argument that the entirety of these characteristics is an essential part of the art of healing established by Hahnemann, and named by him Homœopathy.

The reader will be well repaid for following the author, who well answers the question so frequently asked: "What is Homœopathy?" And he will necessarily come with him to the conclusion, that "he who says that he is a Homœopathist but not a Hahnemannian, does not say that he is a Homœopathician; and, in fact, is neither the one nor the other, if he is what he says he is."

Cholera.—We have received from the publisher a small pamphlet entitled "Plain Directions for the Treatment of Cholera and Epidemic Diarrhœa, and for their prevention, by William Bayles, M. D. London, Henry Turner & Co."

The advice for the prevention and cure of the disease, if followed out, will no doubt prevent much suffering and diminish the mortality as compared with the results following the ordinary Allopathic treatment. More good would be accomplished if the treatment advised were truly Homœopathic. We see that Dr. B. persistently advises the inevitably injurious mode of alternating medicines *a priori*, with the exception of Camphor, which he recommends to be given in frequent and injuriously large doses, at the beginning of the disease. But later, he prescribes Arsenicum and Veratrum in alternation; or, if the cramps supervene, Cuprum and Veratrum; or, later still, Carbo. veget. and Veratrum.

The great characteristics of these remedies can be stated in a few words, and the patients will fare far better, if but one remedy is given at a time, and if that one dose is allowed to exhaust its effects before repeating the medicine.

Veratrum has rice-water discharges and violent vomiting; extreme thirst for large quantities of cold water; cramps in the calves of the legs, fingers and toes; hoarse, feeble voice; coldness of the mouth and tongue.

Arsenicum has similar discharges, with burning pains in the abdomen; *anguish and restlessness;* great thirst for cold water, but drinking but little at a time.

Cuprum has evacuations less copious, spasms and cramps more prominent and painful, especially in the abdomen and chest.

The principal remedy to be given at the beginning, and especially if the diarrhœa commences between midnight and morning; during the evacuations nausea or vomiting; cramps in the calves of the legs and soles of the feet, is *Sulphur*, which Dr. B. has not mentioned.

Pamphlets of this kind, with the few medicines mentioned, should be in every household when an epidemic so fearful in its ravages is approaching, much suffering may thus be obviated, and many cases checked at the outset.

A WORK ON INTERMITTENT FEVER.

I wish to announce to the profession that I have for some time had under preparation a monograph on the Homœopathic treatment of Intermittent Fever, based upon some years' observation, both in the army and elsewhere: in the Mississippi Valley especially.

Believing that such a work should reflect, as far as possible, the combined experience of Homœopathic physicians, I hereby invite all to contribute concise reports of all sorts of cases, cured on Hahnemannian principles—and such only—with a statement, in each, of the *characteristic* or peculiar symptoms indicating the remedy used, and of the time occupied in the cure. These should be written on alternate pages of writing paper, and the address of the authors attached, that each may be duly credited in publication.

By way of explanation I may define Hahnemannian treatment, as above referred to, thus: "Similar" remedies, given one at a time, in minute doses.

Address: DR. JOHN C. MORGAN,
1700 Chestnut street,
Philadelphia, Penna.

THE LETTER FROM PROFESSOR SMALL, published in the last number should have been credited to the Medical Investigator, to the editor of which it was originally addressed.

OUR READERS will find in the short paper contributed by Dr. E. M. Hale, a cure made by Hydrophobin 30th,—a most remarkable illustration of the profound truth of the law of the similars. Cases which present the peculiar *hydrophobic* indication for this remedy are very rare. We have heard of but one other, which occurred in the practice of one of our colleagues; and which, in all respects, in the nature and mode of cure, was similar to this.

DR. HALE'S "NEW REMEDIES."—We invite attention to the advertisement of the forthcoming, second edition of this work on Materia Medica.

RULE AND RULES AGAIN.

The "Erratum" in our H. M., Sept., 1865, p. 81–82, giving the reasons why it is obvious that the word "rule" instead of "rules" is a misprint and necessarily must be one, as the writer never could have used the word rule, has called forth a reply in the British M. H. Review, Nov., p. 692, by a gentleman who can not exactly see the difference between a "preface" and "some remarks." This will surprise nobody, as "exact seeing" is not one of the predominating qualities of our monthly confrater. It also gives a clear proof that neither logic nor logical reasons are of the least avail with some people, for it attempts to slip out of the perplexity by the following stratagem, more cunning than candid, and says:

"Dr. Hering NOW tells us that he didn't *mean* (!) to use the word rule but rules; that he did not *wish* (!) the word rule to be regarded as equivalent to the word law, but as having an entirely different *interpretation* (!). He NOW applies the word rules to *mean* (!) not the *law at all* (!) but the directions given by Hahnemann how to apply that law," etc., etc.

Videatur Hahnemann's Organon, Third American Edition, New York, Radde, 1849, pages 3, and 4, where these "Remarks" written for this edition Nov. 1st, 1848, were printed for the first time, page 4, line 14 from above, find the same quoted passage: "holds fast the practical RULES of the master."

The next edition was a verbatim copy, typographical errors excepted.

The M. H. Review adds,—"this *alteration* (!) of rule to rules, renders the meaning of said remarks in some places (!) so obscure (!) that one might suppose the author's logic had worn off (!)"

The author considers this as the greatest compliment that could possibly be paid to him by the M. H. Review.

To accuse, at random, all high potence homœopathicians of being an irritable and over sensitive set of men, is exactly as though we should say, that all Englishmen were unable to comprehend reasons because some are; because some "evidently" and "obviously" "wish" us

"now" to "mean" an "interpretation" of this kind. Such conclusions have a name in logic—but—nothing more of this.

The author of the "Remarks" had the good fortune to be present at a meeting of British Homœopathicians in Liverpool (July or August, 1846,) which gave him an indelible and very different impression of Englishmen.

An answer is wanted to the great question—"Who is a Homœopathician? There can only one be given: He only is a true Homœopathician, who holds fast all the practical rules of the master, and likewise the Materia Medica of his school.

C. Hg.

ERRATA.

In the article "Potencies," Vol. I., page 56:
Fifth line from above, for "improve," read "are going on improving."
Ninth line from above, for "Potentization," read "Potentiation."
Eleventh line from above, for "conception," read "concept."
Twelfth line from above, for "Mathematices," read "Mathematics."
Seventeenth line from above, for "action;" read "actions."
Page 57, tenth line from below, after "with," insert "the."
Page 58, fourth line from above, after "matter," add "if taken for an example."
Seventh line from above, for "action," read "solicitation."
Twenty-first line from above, for "part," read "place."
Page 59, fifth line from above, for "law," read "laws."
Ninth line from above, for "potentizing," read "potentiating."
Fourteenth line from above, for "Allœopaths," read "Allœopathicians."
Fifteenth line from above, for "limaturi," read "limatura."
Fourteenth line from below, for "that matter and force are really opposites," read "that in reality too matter and force are opposites."
Eighth line from below, for "potentized," read, "potentiated."
Seventh line from below, after "kind," insert "that is, matter too."
Sixth line from below, for "to the manner," read "to this in the manner."
Page 60, fourth line from above, after "from," insert "its;" after "through," insert "its."
Fifth line from above, after "towards," insert "its."
Eleventh line from above, for "Potentization," read "Potentiation."
Twelfth line from above, omit the words "It would . . . because the."
Thirteenth line from above, before "term," insert "The."
Fifteenth line from above, after "separated," insert "and it would be quite philosophical to adopt the term for notation."
Page 61, fourth line from above, for "infinite variety of," read "infinitley many different."
Fifth line from above, for "proves," read "verifies."
Tenth line from above, for "organism," read "organisms."
Eleventh line from above, for "discovery," read "invention."
Sixth line from below, for "Leistungs fætrigkeit," read "Leistungs fæhigkeit."
Fifth line from below, for "conditioned," read "conditionated."
First line from below, for "picture," read "pictures."
Page 62, first line from above, for "action," read "actions."
Second line from above, for "processes," read "disciplines."
Seventh line from above, for "Potentization," read "Potentiation."
Eighth line from above, for "that govern," read "as."
Fourteenth line from above, for "conceivable," read "thinkable."

Dr. Sparhawk who nobly sacrificed so much more of his health and time than any former prover, made it the subject of his Thesis, which was published in the Philadelphia Journal of Homœopathy II. 449, 1853.

This proving was translated by *Dr. F. Mueller*, and appeared in the Allg. Hom. Zeitung, 1857, vol. 54, Nos. 2 to 8.

The symptoms obtained in these provings are here given in order, together with some of the numerous cures made by the aid of Cobaltum.

Preparation.

The Chloride of the Rosa-cobaltiak, prepared according to Dr. Genth's, or Fremy's method, is reduced by Hydrogen, then submitted to a white heat to drive off the Ammonia; and perfectly pure Cobaltum in the metallic state and spongious form is obtained, and easily triturated according to the Hahnemannian method.

The potence named 50, used in two provings and afterwards preferred in almost all the cures made by Cobaltum was prepared by Dr. Lippe in the following manner:

In a long test tube, half filled with about 250 drops of pure alcohol, a few small globules moistened with the 30th or Decillionth, (centesimal scale) were dissolved and shaken innumerable times with full force.

This is partly according to Dr. Jeanes' method, who for twenty-five years has potentized by shaking a few globules with 100 drops of alcohol, beginning with the first, and continuing until he developed a potence of satisfactory force and mildness; and partly according to Jenichen's principle of taking larger masses of the vehicle and shaking each time with the greatest violence.

C. Hg.—C. Hering.
S. J.—S. Jones.
K.—Noah Koller.
L.—A. Lippe.
Sp.—G. E. E. Sparhawk.
a. b. c. d.—The different provings.
π—Observed on sick persons.
*—Cured.

Mind.

. Low-spirited; thinks too little of himself. 5.

. Condemned, mean feeling, as though guilty of some deed, of which others knew; as if he could not look one in the face. (After the fourth dose,) 6 A. M. 3d d., several times during the 3d d. S. J.

. Feeling of great uneasiness, had to move about as if he could not keep still, with pain in the stomach and abdomen. 191.

. Aversion to mental exercise. 15.

5. Indisposed to mental or physical labor; want of energy; low-spirited; thinks too little of himself. K.

. Much more inclination to study. A. L. b.

. More disposed to study. 2nd d. Sp. b.

. Desire for study. 2d d., Sp. c.; increased 3d d. Sp. d.

. Great vivacity, 9th d., Sp. d., and rapid flow of thoughts, evening, 3d d. Sp. a.

10. Great exhilaration of spirits during the day. 7th d. Sp. d.

. A very remarkable feeling of being unusually well. 1st d. and following, C. Hg.

Dulness and Fulness of Head.

. Dizziness during stool. 229.

. Head feels dull and stupid, with a dull, pressive pain in temples, which was worse on moving. Forenoon, 2d d. K.

. Dulness in head with hard stools. 245.

15. Dulness and weakness, with aversion to mental exercise, had to lie down. Afternoon, 2d d. Sp. a.

. Dulness and fulness with bruised pain in the head, especially the forehead and temples. Morning, 2d d. K.

. Fulness in the head (16) and head too large (18) compare; 26, worse from stooping; 38, bending forward; 35, 36, and particularly 46, 47, 48.

. Feeling as if the head grew large during stool with dizziness and weakness. 229.

. Dull headache all day from waking in the morning, worse in a room. 2d d. S. J.

20. Dull headache, especially in the forehead, with a feeling in the stomach as if it contained undigested food. 5th d. Sp. a.

. Dull, aching pain in the head from 1 till 8, P. M., increasing till then, mostly in the forehead. 6th d. Sp. c.

. Pain in the forehead. 10th d. Sp. d.

. Severe pain in the forehead soon after rising. 3d d. Sp. c.
. Shooting pain in the forehead. 167.
25. Forehead, mostly. 16, 20, 21.
. Pain in forehead, worse from stooping. 3d d. Sp. d.
. Pain in the forehead with pain in the back part of the eyes. 11 P. M., one hour after 30th p. 2d. d. Sp. c.
. Pain in the forehead with nausea. 177.
. Pain in the forehead with sense of fulness at the stomach, as if filled with air. 6th d. Sp. c.
30. Forehead and temples, bruised pain in. 16.
. Dull, pressive pain in the temples. 13.
. In an hour after fourth dose of 50th p., severe pain in the temples. 5th d. Sp. d.
. Pain like a tearing in the right temple near to the orbit. Forenoon, 1st d. K.
. Pain in the left temple, with languor and nausea and constant desire for stool. 72.
35. Pain in the top of the head when rising from a seat, with prickling pain in the stomach. 2d d. Sp. b.
. At every jar the top of the head feels as if it would come off. 11th d. Sp. c.
. Severe pain in the top of the head and smarting of the eye. 99.
. Pain in the head, worse when bending forward, especially in the occiput. 4th d. Sp. c.
. Pain in the head, especially in the occiput, at the middle of the day. 4th d. Sp. c.
40. Headache in the occiput. 5th d. Sp. c.
. Headache in the occiput, in the morning, worse in the open air, continuing until 3 P. M. 2d d. Sp. d.
. Headache in the occiput, coming on at noon. 5th d. Sp. d.
. Pain in the occiput in the morning. 9th d. Sp. d.
. Pain in the head. 2d d. S. J.
45. Bruised pain in the head. 36.
. When stepping, sensation as if the brain went up and down. 11th d. Sp. c.
. Headache as if it would burst, had to lie down, with sour stomach after supper, increasing in severity, 11 P. M., 132. 10th d. Sp. c.
. As if the top of the head would come off. 36.
. Slight headache in a room, soon after taking the 30th potency, going off in the open air. 1st d. Sp. c.

50. Dull headache all day from waking in the morning; worse in a room. 19.
. Headache in the occiput in the morning, worse in the open air; lasting till 3 P. M. 41.
. Pain in the forehead, worse from stooping. 26.
. Pain in the head, worse when bending forward, especially in the occiput. 38.
. When stepping, sensation as if the brain went up and down. Sp.
55. Pain in the top of the head when rising from a seat, with prickling pain in the stomach. 35.
. Headache on waking and during the day. 3d d. S. J.
. On walking, headache. 19, 56.
. Headache, in the morning when rising. 4th d. Sp. d.
. Headache from unrefreshing sleep. 375.
60. Severe pain in the forehead soon after rising, (in the morning). 23.
. During the morning pain in the left temple, with feeling of languor and nausea at the stomach, with constant desire for a stool. 72.
. Headache in the morning, with beating and sore aching all over. 11th d. Sp. c.
. Headache, slight, continued for two days, in the morning till 10 o'clock, and then again in the afternoon. 7th d. Sp. c.
. Headache all the forenoon. 2d d., 3d d. Sp. c.
65. Pain in the head, especially in the occiput. 39, 41, 42, 43
. Slight headache in the afternoon, 7th d., Sp. c., also, 131.

HEADACHE WITH

. Pain in the forehead, pain in the back part of the eyes. 27.
. Pain in the stomach. 193.
. Pain in the forehead with sense of fulness at the stomach as if filled with air. 29.
70. Dull headache, especially in the forehead, with a feeling in the stomach as if it contained undigested food. 20.
. Headache at 12, with nausea, languor and fever. 435.
. During the morning pain in the left temple, with feeling of languor and nausea at the stomach, with constant desire for stool and feeling as if diarrhœa would set in, but did not. 4th d. Sp. d.
. Headache before the diarrhœa. 230.
. Headache upon stool. 229.

75. Headache with severe pain in the small of the back, 310; with beating and sore aching all over. 62.

* * * * * * *

Head Externally.

. Great itching of the hairy scalp and in the beard and under the chin, with burning when scratching. 2d and 5th d. Sp. c.

. On the back of the head sore pimples, in the edge of the hair, very sore, like a boil. 448.

80. Back part of the head, sensation as if his hair were cut in dreaming. 377.

Vision and Using the Eyes.

. Loss of vision on writing. 89.

. Flickering before the eyes, (muscæ volantes,) dimness of sight; while reading the letters look blurred, 3 h. after, 1st d. K.

. Pain in the eyes on coming to the light. 90, 92, 93.

. The eyes smart in the light. 13th d. Sp. d.

85. The eye-lids smart on looking steadily. 101.

. On writing dartings in the eyes, 91; pains in. 89, 94.

Eyes.

. Some pain in the ball of the eye, (comp. 104,) 3d until 6th d. J. S.

. Pain in the back part of the eyes with headache. 27.

. Severe, smarting pain in the eyes when writing, with almost entire loss of vision. 3d. d. Sp. c.

90. Darting pains in the balls of the eyes, on coming to the out-door light from a room (at 2 P. M., in the bright sunshine). 5th d. Sp. a.

. Fine darting in the eyes when writing, with feeling, when opening the lids, as if little strings were holding them together and were snapping. 1st day. Sp. b.

. Shooting pain in the eyes, on coming to the light from a room. 2d d. Sp. b.

. Pain in the eyes when coming to the light 6th d. Sp. c.

. Aching pain in the eyes when writing. 5th d. Sp. d.

95. Pain in the eyes during the day and evening. 1st d. Sp. b.

. The eyes ache at night. 385.

. Profuse lachrymation in the open air, with water from the nose (in a few hours after taking the 30th p.) 1st d. Sp. c.

. Lachrymation and pain in the eyes, when in the cold air. 4th d. Sp. c.

. Smarting pain in the outer corner of the left eye as from hot water, with severe pain in the top of the head. 6th d. Sp. c.

100. Smarting pain in the eye-lids as soon as he begins to use them, 6th d., Sp. c.; in the evening, 7th and 10th d. Sp. d.

. Pain and smarting in the upper eye-lids as soon as he looks at any thing steadily. 4th d. Sp. c.

. Smarting pain on the inner side of the upper eye-lids. 3d d. Sp. c.

. Burning in the eyes, especially in the upper lids, (one hour after taking the 30th p.,) night of 3d d. Sp. c.

. The eyes, which were previously weak, and the lids red and tender are much aggravated, with a sensation as if sand were under the lids; a good deal of burning in the lids and some pain in the ball; worse in the open air; lids smooth, forming scales on the upper lid, eyes dry. 3d d. S. J.

105. Sensation as if something were under the upper lid, obliging him to rub it. 6th d. S. J.

. Sensation as if little strings were holding the eye-lids. Sp. 91.

Ears.

. Humming in the left ear, 11th d.; slight, with pain, 4th d. 358. Sp. d.

. Aching pain in the left ear 3d d.—like slight humming 4th d.—in the evening of the 8th, 10th and 13th d. Sp. d.

. Stinging through the left ear from the roof the mouth. 140 ♂ Mangan.

110. Pimples on the back of the left ear near the top. Sp. d. 447.

Nose.

. Putrid, sickish smell before the nose. 4th d. Sp. d.

. Feeling as if of a cold in the head. 2d d. S. J.

. Thin discharge from the nose and occasional sneezing, 2d d.—symptoms of a cold continue the 3d d. S. J.

. Water from the nose. 97.

115. The nose feels as if obstructed with mucus. 5th d. Sp. c.
. The nose feels dry and filled up with dry scales, with itching, especially of the left nostril. 4th d. Sp. c.
. Intense itching of the left side of the nose internally, in the evening, 2d d.—at the angle or junction with the cheek, it burns when rubbed or scratched, 5th d. Sp. c. The same itching 5th d. Sp. d.
. A very sensitive spot on the nose, at the termination of the cartilage; being very painful on pressure, four following days. K.
. A number of painless pimples on the nose. 2d d. Sp. c.

Lips, Chin, Jaws.

120. Peeling of the lips with soreness, they bleed easily. 5th d. Sp. d.
. Itching of the beard under the chin, with burning when scratching. 78.
. A large boil on the chin. 449.
. Disposition to keep the jaws tightly closed. 294.
. Drawing pain in the left sub-maxillary gland. 6th d. Sp. c.

Teeth and Gums.

125. Pain in the hollow tooth, first molar left lower jaw, with swelling of the gum and great tenderness around it; worse from inhaling cold air; feels as if it would ulcerate (a few hours after the 30th p.) 1st d.—the same pain 2d d. at night—in paroxysms on the forenoon of the 3d d. Sp. c.
. Pain and soreness of the hollow tooth, feels as if too long for a while, then goes off again. 4th d. Sp. c.
. Pain and soreness of hollow tooth, which feels too long, also sensitive to the touch. 5th and 6th d. Sp. d.
. Swelling of the gum and great tenderness around it, as if it would ulcerate. 125.
. *The gums around the hollow teeth feel decidedly better. C. Hg.

Taste.—Tongue.

130. Flat, mucous taste in the mouth, 4th d., Sp. c. & d.; comp. 136, 137, 143.
. Nauseous, flat taste in the morning. 2d d. Sp. b.

. Bad taste in the mouth, with belching of wind; morning 2d d. K.
. Bad mucous taste in the mouth. 4th d. Sp. d.
. Sweet taste of thick white mucus expectorated. 295.
135. Sour taste, with nausea after diarrhœa in the evening, which remains till sleep. 230.
. Tongue coated white with cracks across the middle, 4th d.; in the morning with flat taste. 5th d. Sp. c.
. Very thick, white mucus on the tongue, with flat mucous taste. 6th d. Sp. c.
. Tongue white, 4th d.; covered with a thick, white coat in the morning. 5th d. Sp. d.

Mouth and Saliva.

. Pricking in the roof of the mouth, as if from a pin, in half an hour after taking the 30th p., 10 P. M., 2d d. Sp. c.
140. Stinging pain in the roof of the mouth, extending through to the left ear. 5th d. Sp. c.
. Sore on the left side of the mouth, opposite the stomach-tooth. 10th d. Sp. d.
. Water accumulates in the mouth, 47; with frequent swallowing, 4th and 6th d.; in the morning of 3d d. Sp. c.
. Constant secretion of water in the mouth, and swallowing. 4th d. Sp. d.

Throat, Hawking and Swallowing.

. Uncomfortable feeling in the throat, with pain on empty swallowing and gaping. 4th d. Sp. a.
145. Scratching sensation in the throat. K. 292.
. On rising in the morning the throat feels dry and sore on swallowing, feeling as if something dry had gathered in it. Sp. c.
. Sensation as if something had lodged in the throat, inducing swallowing. 292. K.
. Sensation as if something sticking in the throat, causing him to hawk, which makes it feel sore. 5th d. Sp. c.
. Throat dry and sore, feeling as if raw. Sp. d.
150. Soreness of the throat, when hawking, as if raw, 8th d.; 9th d., Sp. d., also, 289.
. Soreness of the throat when hawking, 12th d.; in the morning, 13th d.; pain when hawking, 14th d. Sp. d.

. Hawking and spitting of mucus in the morning, first of lumps and then thinner. 3d d. S. J.
. Hawking and spitting of much thick, white mucus 5th d. Sp. a.
. The throat is filled with mucus in the morning. 2d d. Sp. b.
155. The throat is filled with white mucus. 4th d. Sp. d.
. Swallowing from something lodged in the throat. K. 292.
. Frequent desire to swallow, with accumulation of water in the mouth, 2d d., Sp. c.; also, 142, 143.
. Empty swallowing pains in the throat. 144.
. Empty deglutition increases sensation in the larynx. 294.
160. The throat feels dry and sore in the morning, as if something dry had collected in it. Sp.
. Dryness of throat after rising of bitter water. 174.
. Dry throat when rising. 7th d. Sp. d.
. The throat dry and sore, and feels as if raw; soreness when hawking, as if raw; dryness in the throat when rising in the morning. Sp.
. Heat rising in the throat, as if from the stomach, at night. 2d d. Sp. c.
165. Sensation of fulness in the throat from the stomach.* 245.

Hiccough, Belching and Raising.

. Soon after dinner hiccough set in, 2½ P. M., and continued without cessation till 6 P. M.; after supper renewed again for some hours, 3d d.; after dinner of the 4th d. the same. Sp. a.
. At 11 P. M., another attack of hiccough with shooting pain in the forehead until midnight; the constant hiccough caused soreness in the pit of the stomach. 3d d. Sp. a.
. Much rising of wind from the stomach. 7th d. Sp. d.
. Belching of wind in the morning. 132.
170. Belching of wind during stool (19) in a few hours. Sp. a.
. Sour eructations. 206.
. Rising of sour water from the stomach soon after taking the 30th potency, at night, 2d d.; within a short time after gulping up of sour, bitter water. Sp. c.
. Flat taste in the mouth and rising of sour water, which has an acrid feeling in the throat; in the morning, 3d d. Sp. c.

. In an hour after taking fourth dose of the 30th potency, rising of bitter water, with pain in the stomach, and afterwards dryness in the throat. 4th d. Sp. c.

175. Rising of bitter water in the mouth an hour after dinner, hot and bitter in the afternoon. 6th d. Sp. c.

. Squamishness with fulness of the stomach, rising in the throat.* 245.

. Nausea at the stomach with pain in the forehead; not much desire for food; ate lightly at dinner, 1 P. M. 1st d. Sp. b.

. Nausea with headache, 72; with fever, 435.

Appetite.

. Appetite somewhat diminished. 6th d. S. J.

180. Not much desire for food. Sp. a. 177., Sp. b.

. No appetite 6th d. Sp. d.

. Want of appetite.* 245.

. No appetite for supper, 2d d., Sp. c.; eat none 4th and 5th d. Sp. d.

After Eating.

. Pain in the stomach before dinner, better after eating, 192; pain soon after eating, 191; even after eating a light meal. 194.

185. After supper headache, with sour stomach. 195.

. After dinner hiccough, renewed after supper. 166.

. One hour after dinner rising in the mouth of bitter water. 175.

. One hour after eating, pain in the abdomen. 212.

. Backache after dinner. 306.

190. After dinner gaping and languid feeling. 362.

Stomach.

. Pain in the stomach after eating, especially after dinner, with pain in the abdomen, worse on pressure, with feeling of great uneasiness; had to move about as if he could not keep still. 2d d. Sp. c.

. Severe pain in the stomach as if from hunger, before dinner, which continued till dinner, and is partially relieved by eating. 3d d. Sp. c.

. The pain in the stomach came in an hour after taking the 30th potency, 11 P. M., 3d d.; in an hour after the third dose of the 30th, with burning in the eyes, espe-

pecially the upper lids, 10 P. M., 3d d.; half an hour after rising in the morning; with headache, 4th d., Sp. c.; with gulping up of bitter water, 174; with colic in the abdomen and a sensation as if diarrhœa would come on. 5th d. Sp. c.

. Pain in the stomach soon after dinner, 7th d., Sp. c.; after a meal, 8th d.; after a light meal, 13th d., Sp. d.

195. In the evening after supper sour stomach, headache as if it would burst, had to lie down; it increased in severity, 11 P. M., 10th d. Sp. c.

. Feeling in the stomach as if it contained undigested food. 20.

. Fulness at the stomach, as if it were filled with air. 29.

. Sensation of fulness and hardness in the stomach, as if filled with wind. 6th d. Sp. c.

. Pressure in the stomach, as if from wind. 6th d. Sp. d.

200. Fulness in the stomach, going through the chest up into the throat, with squamishness.* 295.

. Prickling pain in stomach, with headache. 35.

. Soreness in the region of the stomach on taking a deep inspiration; morning, 2d d. K.

. Soreness in the pit of the stomach, caused by hiccough. 167.

. Pimples in the pit of the stomach. 446.

Hypochondrium.

205. Stitching, shooting pain from the region of the liver down into the thigh, 3 P. M., 1st day. K.

. Dull pain in the left hypochondrium, with sour eructations. 3d d. K.

. Feeling in the left side above the spleen as if it would drop down, worse when walking, disappears when sitting still. 8th d. Sp. d.

. Sharp pain in the region of the spleen, worse on taking a deep inspiration. 3d d. K.

Abdomen.

. A strange but not unpleasant sensation in the bowels, as after diarrhœa, all the time since the stool became more hard and natural. A. L. a.

210. Feeling of emptiness in the abdomen and umbilicus. 358.

. Pain in the abdomen, worse on pressure. 191.

. One hour after eating pain in the umbilical region, worse from contracting the walls of the abdomen. 3d d. Sp. c.

. Pain in the abdomen in the evening and at night, (after 247,) 4th d.; low down 6th d.; in the stomach and abdomen 8th d. Sp. d.

. In an hour after taking the 50th p., severe colic in the lower part of the abdomen, 10 P. M. Sp. d.

215. Colic as if diarrhœa would come on. 193.

. Severe, cutting colic before stool. 3d d. Sp. c,

. Cutting pain in the abdomen before stool, and pressing in the rectum. Sp. d.

. Awoke at 5 A. M. with colic; then watery stool with tenesmus. 11th d. Sp. c.

. Cutting pain in the abdomen, 228; before stool, 216, 244; during stool, 229, 234, 244.

220. Colic pain at 4 o'clock in the morning, better after a watery stool, having had no passage for two days. 12th d. Sp. c.

. Pain as if from fulness in the abdomen, soon after a light dinner. 4th d. Sp. d.

. Loud rumbling in the bowels. 6th d. Sp. d.

. Rumbling in the bowels, 224; before stool, 244.

Stool.

. A feeling as if diarrhœa would commence, 72, 193; with rumbling in the bowels, 2 P. M., 1st d. Sp. b.

225. Urgent desire for stool while walking, worse when standing still. 228.

. Constant desire for stool. 72.

. Cutting colic before stool, 216; pain, 244.

. While walking home at 10 in the evening, urgent desire for stool, with cutting in the abdomen; desire worse when standing still; a profuse stool, watery, spouting; in an hour another stool; five hours after a large dose. A. L. a

. *Large* stool; *soft, thin* (diarrhœic,) with much tenesmus and severe colicky pain in the lower part of the abdomen during stool, as if the bowels would protrude, and aching pain in the sphincter ani; tenesmus after stool; feeling as if the head grew large during stool, with dizziness and weakness; belching of wind; the pain in the sphincter and head continued for an hour after stool, 3 to 4 P. M. 1st d. Sp. b. (after 224.)

230. An hour after headache in the evening till 11 P. M. (195), watery diarrhœa with tenesmus; sour taste with nausea remained till sleep; slept till 5 A. M. (218), 10th to 11th d. Sp. c.
. Pressure towards the anus increasing till stool; soft diarrhœic stool with tenesmus and colic. 3d d. Sp. c.
. Soft stools, 240, 242.
. *Stool more normal the 7th d.; becomes a few days later quite regular, which had not been the case for three years. A. L. a.
. *Instead of several soft stools during the day, one well formed in the evening. 1st d. C. Hg.
235. Stool twice a day (before only once). 4th and 5th d. Sp. a.
. Small, dry, hard, lumpy stool, 11 P. M. 2d d. Sp. b.
. Stool small and hard, with sensation of scratching in the rectum, 10 P. M. 5th d. Sp. c.
. Stool at 4 P. M., small, hard, having had none for two days. 2d d. Sp. c.
. Stool at 9 A. M., natural but small in quantity. 7th d. Sp. c.
240. Stool at 9 A. M. and 9 P. M.; the former small and hard, the latter small, soft and painless. 3d d. Sp. d.
. Stool scanty and hard at 3 P. M. 5th d. Sp. d.
. Stool at 4½ P. M., soft, with stinging pain during and for some time after. 6th d. Sp. d.
. Small dry, hard, lumpy stool, small and hard, 7th and 9th d. Sp. d.; comp. 236—241.
. Stool at 4¾ P. M., with cutting pain in the abdomen before stool, and pressing in the rectum; trembling in the bowels; colic during stool. 8th d. Sp. d.
245. *Fæces like hazel nuts, (comp. 243,) with a dulness in the head, (comp. 13, 15, 16,) want of appetite (comp. 179, 183,) fulness in the stomach (196, 199,) going through the chest up into the throat, with squamishness, (177, 178.) 1st trit. Pehrson.

Rectum and Anus.

. Pressure towards the anus increasing till diarrhœic stool. 231.
. Pressure in the rectum (244,) stool at 4 P. M., small, with tenesmus. 4th d. Sp. d.
. Tenesmus with stool, 229, 231; with diarrhœa, 230; after stool, 229.

. Sensation as if the bowels would protrude during stool. 229.
250. Scratching in the rectum with hard stool. 237.
. Stinging pain during and after stool. 242.
. Burning in the rectum during stool and continuing long afterwards. 3d d. Sp. c.
. The pain in the sphincter continues an hour after stool. 229.
. During the whole day, constant dropping of blood from the anus, none with the stool; has often had some bloody marks on his fæces. 1st d. C. Hg.
255. Pimples on nates. 446.

Urine.

. After drinking more coffee and earlier than usual, constant desire to urinate every twenty minutes, all the forenoon, with discharge of much pale urine; continues for five days, always worse in the forenoon. 2d to 7th d. A. L. a.
. Urinates often, and but a small quantity. 6th d. S. J.
. Passed a much smaller quantity of urine, but often, every two hours; had to rise in the night to urinate; urine more yellow. 5th d. Sp. a.
. Frequent passing of small quantities of light colored urine. 2d d. Sp. b.
260. Frequent desire to urinate 1st d.; passes urine oftener and in small quantities. 3d d. Sp. c.
. Less urine and more saturated. 30. C. Hg.
. Urine scanty and light colored. 2d d. Sp. c.
. *Scanty urine* 4th, 5th, 6th and 9th d. Sp. d.
. Scanty urine, which after standing, had a greasy pellicle on it. 4th, 6th and 12th d. Sp. d.
265. Greasy pellicle on the urine, with yellow flocculent sediment. 13th d. Sp. d.
. Urine deep red, with flocculent red sediment after standing. 8th d. Sp. c.
. Sediment of yellow, red flocks in the urine, which collects in little clots after two hours standing. 6th d. Sp. c. 265, Sp. d.
. Urine frequent and scanty, flocculent sediment and *strong pungent smell,* (after the third dose of the 50th p.,) the 5th d. Sp. d.

. After passing urine the pain in the testicles is better. 285.

URETHRA.

270. Acute pain in the urethra while standing, with a bruised feeling in the back and loins towards the latter part of the day. K.
. Pain in the end of the urethra with pollution. 381.
. Smarting in the end of the urethra during micturition, lasting but a short time after, 2d d., Sp. c.; urine deep red. 266.
. Burning in the urethra. 3d d. Sp. c.
. *Secondary gonorrhœa, with a greenish discharge. Drs. G. and A. L.

SEXUAL PARTS.

275. More sexual desire in the morning. 30. C. Hg.
. During a nap in the evening, lying on his back on the sofa, seminal emission with a dream unusually particular and vivid, in a married man of 50 years. 1st d. C. Hg.
. Pollution, waking him from sleep at 4 A. M. Sp. a. 380.
. *Nocturnal emissions with lewd dreams.* 4th n. Sp. c.
. Emissions without erections, but with lewd dreams, 4th to 5th n.; with partial erections during sleep, 9th d.; without erections, 13th, 14th d. Sp. d.
280. Pain in the urethra with the emissions. 381.
. **Seminal emissions at night,* A. L., C. Hg., **with headache,* A. L., C. Hg.
. *Impotence and emissions without erections. A. L.

. Bruised feeling in the loins and back. 270.
. Pain in the left groin and small of the back. 10th d. Sp. a.
285. Severe pain in the right testicle, continuing a few moments; better after passing urine, 10 A. M., three hours after second dose. 2d d. S. J.
. Yellow brown spots on the lower part of the abdomen, about the genitals. 14th d. Sp d.

CHEST.

. Frequent sighing. 5th d. Sp. d.
. Stitches in the chest on taking a deep inspiration, 299; soreness in the stomach, 202; pain in the spleen. 208.

. Coughing, with soreness in the throat and rawness when hawking. 11th d. Sp. d.

290. Stitching pain in the larynx, in the front region, forenoon. 1st d. K.

. The pain in the larynx returned at 9½ A. M., with a warm sensation through the whole body and with flushes of heat and much perspiration, forenoon. 2d d. K.

. Expectoration of thick, tough mucus, mixed with blood; scratching sensation in the throat, feeling also as if something had lodged in the throat, inducing swallowing, morning. 3d d. K.

. Short, hacking cough, with frequent expectoration of a quantity of red blood, which from the sensation felt, comes from the larynx. 4th d. K.

. Several mornings in succession raising of much thick, tough mucus, mixed with a considerable quantity of red blood; with a sensation of fulness and pressive pain in the larynx, accompanied by a sensation of scratching and rawness, with occasional burning pains and a disposition to keep the jaws closed tightly. The above sensations are increased by pressure, empty deglutition and cold water, 4th and following days. K.

295. Sweet taste of mucus, with expectoration of thick, white frothy mucus, with lumps in it. 5th d. Sp. c.

. Copious expectoration of frothy, white mucus, with lumps in it, about 9 A. M. 8th d. Sp. d.

. Profuse expectoration in the morning of white mucus, with little bubbles of air in it; worse in the open air. 9th d. Sp. d.

. Expectoration of mucus in the morning, worse in the open air. 14th d. Sp. d.

. Occasional deep stitches in the lower part of the chest, mostly on the left side, on taking a deep inspiration. 3d d. S. J.

300. Through the chest fulness of stomach to the throat.* 245.

Back.

. Vesicles on the neck. 444.

. Pain between the shoulders, in the lumbar region and small of the back. 4th d. Sp. c.

. Bruised feeling in the back and loins. 270.

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A THESIS

ON THE

ANTAGONISM TO NEW MEDICAL THEORIES,

AND

TO THE DOCTRINES OF HAHNEMANN IN PARTICULAR.

Presented to the Faculty of the Homœopathic Medical College of Pennsylvania, March, 1851.

BY JOSEPH LAURIE, M. D., L. R. C. S. E.

Perhaps the most pleasing sign of the times, in which we have the happiness to live, is that invincible disposition to *inquire* manifested by all classes of society. It is true that this disposition, so generally productive of excellent results, sometimes becomes the parent of mischiefs we cannot but deplore. It may also be true, as observed by a French philosopher, that just conclusions come singly, while errors run in crowds. But man is a *reasoning* if not a perfectly *reasonable* creature, and *must* seek after knowledge. Though prone to err as is the spark to fly upwards, he cannot help desiring to know *how things are* and *why they are*. It is his destiny; animated by a divine principle of curiosity, he never can rest in blank ignorance, or be *perfectly* content

with every thing short of *perfect* knowledge. In seeking this, the real summum bonum so much talked about by ancient philosophers, he often wanders from the true path—as, for example, did that famous physician Chrysippus, spoken of by Pliny, who pretended that *cabbages* were a remedy for all diseases.

The wisest of mortals are fallible, the best calculators make mistakes. No amount of caution can effectually secure us against error, or render us superior to that spider of the mind we call prejudice. An infallible man, it would be difficult even to *imagine;* and he who claims so truly divine a prerogative, is either the most egregiously deceived of men or the most daring of deceivers. Genuine modesty is the legitimate offspring of good sense, and disclaims all extravagant assumptions.

He whom, well inspired, the oracle pronounced the wisest of men, declared he only knew that he knew nothing—and our ever glorious Newton, who *thought out* the theory of gravitation from so simple a starting point as the fall of an apple—who did more for mathematical science than any half dozen of his most learned predecessors—declared, while in the fulness of his intellectual strength, that he felt himself as a child sitting on the sea shore while the great ocean of knowledge rolled before him. If Newton felt how little he knew compared with what remains to be known; if a Socrates, who anticipated that admirable modern maxim: "The proper study of mankind is man," *felt* the profundity of his own ignorance, surely the most gifted of our highly gifted professional men can afford to be modest whether in the *advocacy* or in the *attack* of mere opinions.

To impatience of contradiction may be traced much of that morbid antipathy to novelties which is the besetting sin of our medical corporations. Thy are "Sir Oracles" in physic, and cannot endure being called upon to give a *reason* for the *principle* they acknowledge or the *practice* they pursue. That everything professional should appear *couleur de rose* they are ludicrously anxious. But above

and before all things they detest *new theories* and discredit new *facts*. In the fulness of self complacency they despise innovators. It is well known that the bitterest persecutors of medical reformers were distinguished members of the medical profession. They were *professional* not *non-professional men*, who conspired to ruin Harvey; heaped every kind of insult upon Jenner; and when either unable or unwilling to answer the theory of Hahnemann, consoled themselves by villifying his character.

From the days of Hippocrates, styled by his own countrymen the Father of medicine, down to our own, physicians in vogue, and therefore of note and influence, have been filled with high disdain for new medical theories; indeed, it is notorious, too notorious to be denied, that, as Peachum says, all professions *berogue* one another, and that all professions exhibit a spirit hostile to any theory which, if true, may prove hostile to them.

This is natural, though not on that account the less to be deprecated or deplored. Lawyers are *usually*, (for I now speak more especially of English lawyers,) the bitterest enemies of law reform. With them law is the perfection of human reason, and, consequently, *not* to be improved. Physicians are found to exhibit the same decided, dogmatic, and unreasoning spirit of hostility to change. They loathe *quackery*, and with them every thoroughgoing innovater is necessarily a *quack*.

I speak, be it understood, of lawyers and physicians in their corporate capacity—as members of an orthodox, long-established, highly respectable and reputable body. For many of them, *personally*, I have the highest respect; but am, at the same time, bound to state as a general truth, that the genius of their system is decidedly inimical to the genius of progress; and, that an overwhelming majority of recognized professors, whether of law or physic, are so spoiled by pedantic adherence to exploded fallacies and antiquated formulas, as to have no weak side of common sense where one may successfully attack them.

I would not produce sweeping censures upon any body of men; but, respect for truth compels me to declare, that the very dogmatic defenders of medicine *as it is*, can only be benefited in a philosophical sense by having, as blunt Mr. Paxton would say, *the conceit taken out of them.* But methinks a task so difficult would puzzle even the architect of the *Crystal Palace*, unless, indeed, as some suppose, he works by *witchcraft as well as wit.* The systems to which they cling with such desperate fidelity, beget in them an *esprit de corps*, totally irreconcileable with that *esprit de progrés* I conceive so truly desirable.

Hippocrates stands high in the opinion of all medical men, who, however much they may differ on other points, are agreed as to that. They consider him as the man who first placed the study of medicine on its correct basis, notwithstanding he was preceded by many, and among others, by no less a personage than Esculapius, the "God of Physic." A learned medical authority has observed, that he (Hippocrates) had the sagacity to discover the great and fundamental truth, that in medicine probably more than in any other science, the basis of all our knowledge is the accurate observation of actual phenomena, and that the correct generalization of these phenomena should be the foundation of all our reasoning.

Going along with Hippocrates thus far, firmly believing that experience is our *safest* guide in all that appertains to either the theory or the practice of medicine, we should naturally be anxious to receive new stores of experience from whatever quarter they may come. We are in no danger of learning too much, but are frequently in danger of neglecting the admirable advice of Dr. Watts, who, in the spirit of a philosopher as well as a Christian, tells us to—

> "Seize upon truth wherever found,
> On Christian or on Heathen ground,
> Amongst our friends, amongst our foes,"

Beautifully adding—

> "The flower's divine where'er it grows."

An apt illustration of the fact, that useful discoveries may be made by men notoriously prone to what is now denominated *quackish*, is to be found in Paracelsus, who, unquestionably, was an indefatigable and zealous student of nature. I admit he was a quack, for he wasted much of his precious time in searching for the elixir vitæ, and many other things equally chimerical. But the most virulent of his opponents allow that we owe to him, and others of his school, the introduction into medicine of certain substances, chiefly metallic preparations, which, in the hands of really enlightened and careful practitioners, have proved very valuable additions to the Materia Medica.

No doubt poor Paracelsus received but scurvy treatment at the hands of the *respectable* medical practitioners of his day. Chemistry has, nevertheless, profited by his researchs, and we are somewhat wiser *with* than we should have been *without* his assistance. If we look with contempt upon new theories, and refuse to examine them because we fancy they are spiced with quackery, we act more like rash than reasonable men.

Dumoulin, the famous French physician, at his death observed, that he left behind him two admirable physicians. Upon being asked who they were, he replied, *regimen and river water;* a reply which shows that he looked upon the practice of his time as, at best, a respectable kind of imposture.

Dr. Johnson was so little satisfied with certain eminent practitioners of his time, that he likened them to that notorious hospital surgeon who ordered his clerk to bleed the south ward and vomit the north.

Dr. Brown, of Crichton Lunatic Asylum, in an elaborate paper on bloodletting, makes open war on our friends of the lancet. Bloodletting he condemns: first, because it materially retards recovery; second, because it gives a tendency to dementia; third, because it is sometimes directly fatal; and, fourth, because it debiltates at a period of depression, and in no degree facilitates the operation of other remedies. He

argues, that even in such patients as have been bled but are ultimately cured, a stage of imbecility approaching to fatuity separates the period of excitement from that of convalescence. Dementia follows directly, and obviously, great evacuation and copious bloodletting where no symptom of alienation pre-existed. Now, as a free use of the lancet is essential, according to some of our *most fashionable practitioners,* it is clear that Dr. Brown thinks bleeding a part of their practice, which, to say the least, might very well be dispensed with. Dr. Armstrong, though long a practitioner of great repute, treated scarlatina maligna in so eminently *quackish* a style, that Dr. Maunsell declared for such practitioners he knew no better advice than that of the judicious Huxham—*to peruse the sixth commandment.*

Why, even Dr. Glover, that *very zealous* and *much distinguished Allopathist,* and mortal hater of *quackery,* in a lecture on the Philosophy of Medicine, recently delivered at Newcastle-on-Tyne, admits that quackery exists *in* the profession as well as *out* of it. But, says he, where there is a demand there will be a supply—of quackery he means—and then, by way of showing how *wise* he is with regard to this matter, he refers to "a deeply learned physician of the Old School, now nearly ninety years of age, and long retired from practice, who told him on a certain occasion "the fact is this—*Populus vult humbuggi, et humbuggendus est.*" It seems, then, that quackery is not confined to professors of the Morrisonian College, who, according to their own account, are able by means of a few pills to purify the blood and heal "all the ills that flesh is heir to." It seems, moreover, that Dr. Glover, though an abominator of *humbug* and a *highly respectable* practitioner, finds it difficult to keep a professional conscience; and in the teeth of his own prejudice, allows that the art of curing diseases will admit of *considerable improvement.* That such is too truly the case, every *right-minded* Allopathic practitioner will unhesitatingly avow and be ever ready to admit, that medical science is only in its infancy. In the minds of many of these *honest, out-*

spoken Allopathists it is still a moot point whether more are *killed* than *cured* by their treatment; and every observer of fashionable practice must agree with Dr. Alembert, that in very many cases the (Allopathic) physician is truly a blind man armed with a club, who, as chance directs the weight of his blow, will be certain of annihilating either nature or the disease. According to Pliny, *Rome* was for six hundred years without physicians; and there are not wanting *Allopathic physicians* amongst ourselves who dare to confess that England might be advantaged if *she* dispensed with physic as well as physicians for *twice* six hundred years.

In all ages new medical theories or discoveries have provoked controversy amongst the sons of Esculapius. From the days of Draco and Thessalus, when the rival sects of Dogmatists and Empirics contended for ascendancy, till the present hour, medical men have argued against, and I am sorry to add, have *acted towards* each other rather in a sectarian and partizan, than in a philosophic and truth-loving spirit. Galen was once a great authority, now *few* regard him as infallible. This authority was first shaken by the rise of the sect of chemical physicians, who applied chemistry to the explanation of the phenomena of vitality, and the operation of morbid causes upon the living system.

Just as we now call ourselves Homœopaths and Allopaths, the ancients distinguished and extolled themselves as Galenists and Chemists.

The hypothesis of fermentation with the acid and alcoholic states of the fluids was once the fashionable doctrine of the French and German physicians, and had a host of zealous defenders in England; but now *none so poor as to do it reverence.* Theory has succeeded theory, system given place to system. In the world of medicine there have been revolutions, less important perhaps, *hitherto,* (I mean up to Hahnemann's time,) but no less *marked* than in the world of politics. Physicians have agreed wonderfully in disagreement, and in nothing else. One consequence is, a very general scepticism as to the utility of medical science, and a very general sus-

picion of medical men. There is a very vulgar notion abroad that the majority of practitioners are like the cool physician, who, when called in to attend the *Malade Imaginaire,* inquired: "Do you eat well?" "Yes," said the rich, but silly patient. "Do you sleep well?" "I do." "Then," said the physician, "I shall give you something to take away all *that.*"

Dr. Gregory thinks that physic occupies so commanding a position among us that he trusts neither the *pseudo science* of Hahnemann nor the palpable quackery of any other man will be able to dislodge it! If such is the actual state of the case—if physic, *orthodox physic,* occupies the distinguished position which the doctor avers, why are our Allopathic brethren so angry with us—the so much *despised* and *contemptible* Homœopaths—why do they fear to meet us with a view to the public discussion or a public trial of our respective theories? I am afraid that Dr. Gregory and others who denounce the pseudo science *taught,* and the "*palpable* quackery" *practised* by Hahnemann and his disciples, are possessed with the spirit of that hopeful student who declared that he would rather be *wrong* with Galen than *right* with any other man. If they feel themselves so strong in honesty and truth, it is strange that they do not court the freest investigation of their system and not exhibit so much "virtuous indignation" when Homœopathists dare to attack it.

Controversy is the breath of our intellectual life. Nothing, as well observed by Tully, sharpens our intellectual faculties like the file of disputation; and we have it on the high authority of Milton, that truth shall never be put to the worse in a free and open encounter.

But controversy implies opposition—for how shall we discuss with nothing to discuss about. We smile at the *liberal* Irishman, who didn't mind how many opinions people held if they were only *unanimous;* and no less provocative of mirth are those defenders of *orthodox* medical faith, who love opposition if their opponents can but contrive to adopt *their* way of thinking.

If unity of thought were the *sine qua non*, such crotchety controversialists seem to imagine it—were it a something which *realized* would confer *inestimable benefit* on our race—I could understand the anxiety of professional men who stand upon the ancient ways, being shocked by novelties in medicine. But intellectual unity is not desirable—none would be permanently benefitted by reducing to one dead level every mind, even though that level were the highest now conceivable by man. The action of the flint upon steel begets the spark, which but for such action might be hid for ever. In like manner the action of mind upon mind excites that latent intellect which else had ne'er been manifested—

"Thoughts that breathe and words that burn."

What we most prize in science and the arts, results directly or indirectly from the *free* and *full play of our faculties*. It does then seem to me, that we are forbidden as well by the *law* of *reason* as the *law* of *charity*, from assuming that we are always right, and that others, no less honest than ourselves, are always wrong. Dr. Gregory carries on the war of words in the spirit of that rather conceited French lady, who, after a hot dispute, exclaimed, *Ma foi, c'est singulier, il n'y a que moi a toujours raison.* It does not occur to such gentlemen that though all *cannot* be right, all *may* be wrong. If men had generally acted upon the latter hypothesis, Galileo would never have been consigned to the Inquisition for asserting the rotundity and rotary motion of the earth; Harvey would have been allowed to live in peace, *notwithstanding* he discovered the circulation of the blood; and Jenner, instead of being held up to contempt as a *palpable* quack, by the learnedly ignorant men of his day, would have received the honors and rewards due to him who conferred, or rather *forced* upon society the practice of vaccination.

According to Aristotle, incredulity is the parent of wisdom. In dealing with new medical theories, our recognized physicians almost always act upon this maxim. For a doctrine or theory to find favor in *their* eyes, it must be grey

with old age. New-fangled systems are their abhorrence, and woe to the unlucky wight who dare attempt to defend them.

So great is their respect for the dictum of Aristotle, that many of them will not take the pains to *examine* new theories—being incredulous as to the possibility of improving upon old ones. The *abuse* they heap upon innovations bears about the same proportion to the *argument* they bestow upon innovations, that Sir John Fallstaff's sixteen shillings' worth of sack did to his half-penny worth of bread.

A few specimens will suffice to show that there is nothing exaggerated in this statement, as far as regards the *orthodox* party of our English physicians and surgeons.

Foremost amongst periodicals devoted to the interests of the Allopathists is the *Medical Times.* In the number dated October 12, 1850, there is a long article about "humbug" in general, and the *Homœopathic* "humbug" in particular, from which I select the following choice *morceau:*

"At length the Homœopathists have built themselves a hospital, and have elected a staff composed of eleven worthy companions not of the Bath, but of the high order of humbug.

We can fancy with how loud a shout these worthies must have uttered "Eureka" when, not like Archimedes of old, they found the method of testing the excellence of gold, but the real philosopher's stone, the art of making the precious metal. The desire of notoriety stimulates these gentlemen; their names follow each other in the columns of the Times newspaper, at once puffing themselves and advertising their Hospital?"

Dr. Glover, in the lecture already alluded to, which was delivered at Newcastle-on-Tyne, after quoting the example of Hahnemann, as showing that the greater the absurdity, the more sure the success, proceeds thus:—"Hahnemann imagined and gave to the world a system which has not an atom of common sense in its composition—so totally absurd

that a single ray of rationality might have served to make the darkness visible.

It is difficult to reason on such a subject. When a man takes refuge in an absurdity, he is beyond the reach of argument.

As to the alleged foundations of Homœopathy on experiments on healthy persons, I make this reply: "I deny totally that Allopathic doses will produce the symptoms generally described by Homœopathists, and as for homœopathic doses, a healthy man may swallow the whole pharmacopœia with perfect impunity; it is, therefore, unnecessary to enter into any account of the *horrible* and *disgusting twaddle* which constitutes the physiology of the medicines of Hahnemann!"

Dr. Charles J. B. Williams, in his Principles of Medicine, as if resolved to show how vast an amount of *bad taste, bad English*, or rather nonsense, might be displayed in one short sentence, says:—"Who can't but admire the expansive ignorance of Hahnemann who discovered that the best cure for a disease was the influence which caused it!"

The animus of these writers is palpable enough; their ignorance of the theory they vituperate is equally so. If Dr. Williams had delayed "rushing into print" until he had examined the system he treats so superciliously, he would have known that Hahnemann was not guilty of the *expansive ignorance* here charged upon him. And if Dr. *Glover*, before attempting to *enlighten* the good people of Newcastle-on-Tyne, had *enlightened himself* by reading Hahnemann's famous "Medicine of Experience," it is probable he would neither have indulged in such phrases as "*horrible and disgusting twaddle;*" nor retailed that very stale and heavy joke about swallowing the whole pharmacopœia.

If the learned Theban who so flippantly deals out editorial puerilities in the columns of the 'Medical Times,' were to allay with some cool drops of modesty his skipping spirit, there would be fewer offences against *decency*, and *therefore* against sense.

Calling Homœopathists worthy companions of the order

of Humbug; and sneering at their proficiency in the art of making the precious metal, is *sorry* work. It may be all very well to throw dirt, upon the principle that if you throw *plenty*, some of it will be sure to stick; but respectable practitioners who have truth on their side, should disdain an employment the worst species of scavenger might blush to find himself engaged in. Abuse proves nothing except the weakness and ignorance, and malignancy of the abuser. If it did, long ere this we should have had abundance of *proof* that the earth is a fixed plain, flat as a trencher, around which the sun and planets move; that the blood does NOT circulate in the veins and arteries of the animal body; that Bacon was a fool; Locke a sophist, and Newton a "humbug." Homœopathy, says Dr. Gregory, is a *pseudo* science, and Homœopathists *palpable* quacks; but we, the said *palpable quacks*, take comfort from the reflection that *Jenner* was long held to be a professor of *pseudo* science, and vaccination denounced by many doctors of the Gregory stamp, as an impious as well as *palpable* piece of quackery.

The two noisiest scoffers at that admirable discovery were a Dr. Mosely and a Mr. Stuart; both of whom designated the practice of vaccinating as a *brutal degeneration of the human species.* According to these incredulous detesters of *quackery:* "The cow-pox mange or farcy, cow-pox ulcers, with pus, green—green as *grass*, clearly demonstrating their bovine origin; cow-pox evil or abscess, cow-pox mortification, are nothing in comparison with the brutalization, by vaccine matter, of the noblest work of the creation."

Among the numerous shocking cases of cow-pox (quoth the Doctor) which I have heard of, I know not if the most horrible of all has yet been published, viz.: of a child at Peckham, who, after being inoculated with the cow-pox, had its former natural disposition absolutely changed to the brutal; *so that it ran upon all fours like a beast, bellowing like a cow, and butting with its head like a bull.* For my part, adds this fine old English physician—"one of the olden time," I

can scarcely think it possible, *having had no time to ascertain the truth!*

But vaccination outlived Dr. Mosely, and all the other sapient doctors who opposed it. It grew with the growth of human experience, and strengthened as it grew. Nor do we now hear of any *shocking cases* such, as that of the child at Peckham. Children are vaccinated every day, and with the general approval of the faculty, yet, for many years past, nothing has been heard about youngsters running upon all fours like beasts, bellowing like cows, or butting with their heads like bulls. Tales equally absurd, if not equally *horrible,* are told about the practice of administering *infinitesimal doses;* but few attach, or pretend to attach much credit to them, save professional men, who for *various reasons* are inclined to do so. History teaches nothing more clearly than that men love not the truth which has a tendency to diminish their *importance* and their *profits.* Hobbe well expressed the thought in his memorable sentence:—"When truth is *against a man,* he is against *truth.*" Defenders of medical science, as understood by our *hoary* if not *venerable* medical corporations, should well consider the probable consequences of charging love of notoriety or other *interested* motives, upon those who believe that science "a delusion, a mockery and a snare." Are practitioners of the Old School "armed so strong in honesty," that imputations of that kind pass by them as "the idle wind which they regard not?" Do they eschew notoriety, or look with stoical contempt upon the art of *making the precious metal?* It is not impossible that even the editor of the Medical Times himself, has an *itching palm* like the rest of us; and would be far from *unwilling* to augment his own income. One of Dickens' heroes expresses great fondness for that "*particular vanity* called rum;" and whatever men in general may choose to *express,* there are few of them without a strong inclination for that "particular *vanity*" called *wealth.* It may be, as poets assure us it is, the *poison of our souls,* but experience has convinced me there are few superior to its influence. Avarice is a feeling which time and circum-

stance have deeply rooted in human nature; and to that feeling may fairly be ascribed much of the opposition to new medical theories exhibited at various periods of the world's history.

Fear is another *low* but *powerful* feeling almost invariably enlisted on the side of opinions and things as they are. Yes, avarice and fear are the great conservators of error. Men who derive large emoluments from a particular practice, whether of physic or metaphysic, naturally dread any new fangled opinions or theories which, if true, may destroy that practice. If convinced we are right, we are seldom disturbed by opposition; but when *doubtful* as to the truth of a theory, the profitableness of which we *know*, opposition has a tendency to make us sour-tempered and desperately averse to new convictions.

When thus troubled in mind, we find relief in applying to the whole race of innovators such opprobrious epithets as happen to form part and parcel of our vocabulary.

Quack, is one of the most effective of scurrilous nick-names; and, *therefore*, most frequently used. Foster well observed that a large amount of noisy zeal would be squashed in dead silence, were it possible to enforce a substitution of statements and definitions for this efficacious term of reproach. But then, the errorist finds giving his opponent an *odious nick-name*, much easier than *furnishing statements* and *definitions which will bear examination.*

(To be continued.)

SECONDARY HEMORRHAGE FROM WOUNDS AND HOSPITAL GANGRENE.

BY JOHN C. MORGAN, M. D.

It may be stated, as an aphorism, that secondary hæmorrhage and the reparative process are specifically antagonistic. Consequently, whatsoever shall enhance or impair the latter, will directly tend to prevent or induce this serious accident.

In considering the causes of secondary hæmorrhage, we observe, first, those which follow upon reaction from constitutional shock; second, those depending on carelessness or accident after operations; third, those which arise in the course of after-treatment.

In the first place, after the plugging of large vessels by clots, during syncope, or by artificial means used to promote coagulation, there may be, from the mere fact of reaction, a renewal of the bleeding. This rarely occurs in lacerated, especially in gunshot, wounds. Afterwards, healthy granulation is our security. In a vessel of considerable size, the hæmorrhage can only be stopped by ligation, except the skull or other hard substance underlie it—and even here success is problematical without it—despite pressure, cold, astringents, etc. The veins* are exceptional. The bleeding from veins of large size may be rapid and dangerous, but is controllable by pressure, position, etc.

It would seem almost superfluous here to say, concerning ligation, that it must almost always be practiced in duplicate,

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* Immediate death by hæmorrhage after gunshot wounds, always, I believe, arises from the *veins* of the great cavities—wounds otherwise fatal.

i. e., each of the wounded ends must be tied—*in the wound*, of course. It is not necessary always to dilate the aperture—as, by cutting down directly upon the track (of a bullet) at the point where the artery is known to traverse it, a better operation can be performed—the incision being afterwards closed, so as to heal by first intention, and the ligature permitted to pass out at the most depending portion of the original wound.

When, owing to disorganization of parts, in *later* hæmorrhages, the artery cannot be found on exposing its supposed location, (and it often happens that the bleeding ceases on the moment that the wound is cleaned out,) we may feel satisfied that the anastomosing trunks are obliterated by the surrounding inflammation, and here we shall succeed by tying the main vessel above; the impropriety of this procedure, so often and properly insisted on as to the general rule, not at all attaching to this case. There will still remain an exaggerated capillary anastomosis in the sounder parts. This needs to be encouraged after the operation by artificial heat, to prevent sphacelus. In bleeding from amputated stumps, if the surgeon be satisfied of the obliteration of the anastomosing branches, if any there be, *below* his proposed point of ligation, the same proceeding will be proper.

Accident or carelessness is especially liable to give rise to secondary hæmorrhage *after ligation*. I have known men employed as dressers take up a stump, and, in washing it, so twist and pull the ligature of the main vessel, as it lay between the hand and the limb, as to detach it, causing an almost fatal bleeding in one case, and in another the patient actually died of consecutive debility.

That form of secondary hæmorrhage which is most common is, strange to say, the most avoidable, next to that resulting from mere carelessness. It is consequent solely upon degeneration of the wound. In the majority, nay, almost all cases, of gunshot wounds especially, the subjects are at first healthy, and their wounds at first look well; afterwards they degenerate, the local affection nearly always

preceding the constitutional one. Sometimes, when there is more than one wound, one will degenerate, the other remain healthy. More, one side of a wound may degenerate, the other not; or the gangrene, for such it is, may affect only a small spot in a large wound; or the original wound may be merely erysipelatous, while gangrene breaks out in the course of the lymphatics above; first showing itself as a livid spot in the sound skin of the size of a pin-head; the internal gangrene being much larger.

I have not the least doubt that gangrene is developed in wounds by far oftener from neglect and bad management of the injured parts than from any other cause. I know I have prevented it often by mere local attention. I believe it to be nearly always thus preventible.

In the first place, it is of the highest importance to preserve a comfortable temperature of the part. Then it *must not be wet* to the extent of dissolving and preventing the organization of the plasma provided for reparation. This is, I believe, a great and prevalent cause of gangrene, and of secondary hæmorrhage depending on it. Constant drenching of the part with water, especially *cold* water, in dressing, and the violent and protracted use of the sponge in operations as well as dressings: the too free access of cold air, as in field operations in winter, have, I am confident, destroyed not a few in this way; the tender surface of the wound being literally *killed*, as well as deprived of its plasma.

If the patient escape these, he is still liable to the evil event in another way, and this is, perhaps, in military surgery, the most prolific. It results in part from the shape and elasticity of the limbs, in particular, as traversed by ordinary bullets, (fractures out of the question.) For example, it is common to see a flesh-wound completely perforating the calf of the leg. The patient lies upon his back—the centre of the track of the missile is compressed by the rounded, elastic integument and muscle—there is no exit for pus by the posterior or most depending orifice; it accumulates in the anterior or upper part of the wound; it is de-

composed, becomes acrid, destroys the tender granulations: they become ash-colored, gray, adherent, however, like a false membrane. This undergoes still further degeneration if not prevented; it becomes black at some point, usually near the edge, (or else at the bottom of the wound, apparently first in the fascia,) and thus gangrene is inaugurated. The arteries become involved and secondary hæmorrhage results.

Here is a dilemma. The ligature is indispensable, yet the point of ligation is the certain place of extension of the gangrene. The only resource is, *to both cure the gangrene and apply the ligature* on both sides of the bleeding point.

After operating on a gangrenous wound, it is imperatively necessary to prevent the use of any of the instruments or utensils for non-gangrenous wounds: for inoculation is nearly certain if such use be permitted. But they may be purified by dipping them in Permanganate of Potash, and so rendered harmless.

The cure of gangrene is most frequently essayed with local means. The efficacy of *Lachesis*, internally used, is now admitted, even by those who formerly denied that it had any power whatever. *Arsenicum* and *Secale* are also to be considered. But in army practice, dependence is mainly placed on pure *Bromine*, which acts at once as a mild caustic, and particularly by its specific or dynamic power, causing the gray, membranoid coating, as well as the blackened and gangrenous material, to be detached, leaving a healthy, pink, granulating surface. Iodine, in some form, is sometimes used as a substitute for Bromine, especially a solution in turpentine, etc.

The effect of the "cupping of pus" in wounds is enhanced by the bad practice of stuffing them with lint, to which some dressers are addicted, by which exit is yet more debarred, and the retention and degeneration aggravated.

Now, it is one of the first duties of the surgeon, in my opinion, to take special pains to obviate this "cupping of pus." If the depending orifice refuse exit, it must be provided for. If this have united, through mismanage-

ment, it may be cut open carefully with a bistoury, or the adhesions broken up, if soft, with a probe. Then a *drain* is to be established by means of a strip of common adhesive plaster rolled up in a spiral, forming a truncated hollow cone or funnel—exactly to fit—the small end being inserted into the depending orifice and pushed up until visible in the upper cavity of the wound—if gunshot. This is to be renewed daily; the wound gently handled and simply protected with a rag or lint, with simple cerate spread very thin, merely to prevent adhesion of the dressing. Calendula cerate may be preferred, if at hand. Too much grease, like too much water, is a destructive solvent of both plasma and granulations.

Such a drain may afford advantage in ligation, also; preventing the welling up of blood to obscure the operation.

When a wound has become healthy, secondary hæmorrhage has at the same time become, I had almost said, impossible. An exception we have, in case it involve a *vein* of some magnitude. Mere obstruction of the vessel above, as by a bandage, will be sufficient to cause large bleeding. The remedy is simple and effective; remove all obstructions from the vein above, and elevate the part.

In all cases, degenerated pus and disorganized and degenerating blood-clots must be carefully removed as often as they accumulate. The wound must be *empty*, always. This rule is vitally important in wounds involving injury to either the skull or a large joint; aside from the question of gangrene; for abscess within either, after a wound, is often fatal.

Ligation should always be performed by daylight if possible, at least when, as in field-hospitals, tallow or even sperm candles are the only alternative. During the interval the tourniquet may be applied, or if this be impracticable, as in wounds of the internal maxillary artery, *position* is to be regarded, and an efficient assistant should watch by the patient, prepared to instantly compress the main trunks. In this case, both external carotids will probably require ligation. *Pulsation* being an important guide, Chloroform,

which subdues it, ought to be dispensed with. In a limb, graduated compresses within the wound and firm bandaging, with, as in all urgent cases, the application of cold, *pro re nata,* will answer the *temporary* purpose. Sometimes an ointment of powdered logwood has been stuffed into the wound until full, and in cases where the artery is not discovered, has been supposed to do good, but in such instances the benefit must be ascribed largely, to say the least, to the previous thorough *cleansing* of the cavity.

In secondary hæmorrhage from the lungs, etc., the nature of the part will modify the application of general principles. Here a less evil is to plug the orifices firmly with lint for several days; but internal remedies, as for gangrene and hæmoptysis are also to be given; and these are likewise of great importance in any case.

An element of great consideration in the reparative process is a sound general condition. In gangrene and secondary hæmorrhage, its consequence is universally acknowledged. Good food, air, etc., a good digestion, and a calm mind, are important to prevention; inasmuch as untoward influences are thereby rendered measurably ineffective.

According to Surgeon Goldsmith, who has been the strong advocate of *Bromine* as a remedy in the military service, the very first step in the process of gangrene in wounds consists in a positive *coagulation* of the blood in the small venous vessels leading thence, either by original causes, or by infection, or by absorption of *ichor* from the wound itself—ichorrhæmia (not pyæmia) being a coincident result. The effect of Bromine is to obviate this coagulation, and so restore the normal local circulation and nutrition; covering the vessels with healthy granulations, which separate from themselves the slough—absorption of ichor and the consequent constitutional derangement ceasing at the same time.

It is proper to say that he attributes the affection mainly to foul air or matter, directly communicated. This is, I think, refuted by the fact that in amputated limbs it is apt to be the interior of the stump, not the outer edges, where contact

is most probable, that is first affected. Indeed, those stumps which have free access of air, be it good or bad, provided it be *not cold*, do better than those in which, for want of drainage, *cupping of pus* is allowed to occur, as in the thigh; the end of the *thigh* being usually elevated, (and almost unavoidably;) especially if the flaps be antero-posterior.

Some practical inferences, which have been tested successfully, are the following, viz.: 1. Immediately after amputation, all violence being avoided, excessive clots should be carefully removed; 2. The wound should be coaptated and a few stitches applied, the ligatures being passed out of the most *depending portions;* lateral flaps, with the posterior commissure higher than the anterior, being specially adapted to the end in view; 3. Compresses of some thickness are to be applied to the flaps, fully covering them; 4. A roller bandage is to be *firmly* applied, first, crucially on and above the face of the stump—the under fold drawing *across* the line of incision—and then from above downward, so as to give *perfect support* and *immobility* to the flaps, not forgetting that the end of the bone predisposes to separation in its own vicinity; 5. Let it alone, in perfect rest, *without wet applications,* unless inflammation set in, until the third day, at which time some of the ligatures should usually be ready for removal; 6. Carefully dress it in a similar manner as at first, if all be going well, leaving now an exit for pus by the ligatures, and in a few days more the stump will often be healed by first intention, except only in the track of the ligatures. There is the highest authority for saying that a stump *ought* thus to heal by first intention. Finally, I have seen it.

If this fail, all hope of immediate union must be set aside and matters arranged in the most favorable manner for union by granulation. The stitches are of no further service and should be removed, but the lips of the wound are to be approximated by compresses and by plaster, or by long strips of narrow roller bandage, dampened so as to assist their adhesion, and passed from the upper part of the member across

the incision, and again upwards; the whole being held *in situ* by a dampened roller applied over them from above downwards. This is to be daily renewed if there be much suppuration, otherwise less frequently, but in any event *perfect drainage* must be secured. Thus the wound will heal *from* the bottom and most of the danger of hospital gangrene will have been obviated. After secondary hæmorrhage in stumps, the same procedure is of the greatest importance. Calendula may be added to the water used.

CASES.

I. A healthy soldier; gunshot wound between the bones of the forearm, near the elbow. The wound degenerated; secondary hæmorrhage occured repeatedly, owing to mismanagement of the dresser, who always closed it with lint and allowed the depending orifice to heal up—that is to say, the posterior. The patient being placed upon the table, I cut down on the brachial artery near the elbow, and ligated it, after various ineffectual attempts to find the bleeding ends. The anastomosing trunks were doubtless obliterated—the limb becoming cold after the operation. I had reason to fear mortification, but by the application of a stone bottle containing hot water this was corrected. The only remaining orifice, the anterior, was made dependent by elevating the elbow and forearm—healthy suppuration was established and a rapid and perfect recovery was the result.

II. A young soldier, of General Corse's division, was shot at Allatoona, through the fleshy anterior part of the right forearm. Secondary hæmorrhage supervened. The radial orifice emitted the blood, and a wound of the radial artery was diagnosed. I thought it best to cut down upon it at the injured point, rather than to dilate the wound. The ends were both well tied, and the ligature being passed out of the ulnar orifice, the incised wound healed by first intention. Owing to mismanagement of the dresser, the original wound

again degenerated, and the hæmorrhage recurred. I then proceeded as in the former case: tied the brachial near the elbow. There was no more hæmorrhage, and by careful dressing, the wound healed rapidly. In both instances the degenerated surfaces were treated with a view to the production of healthy granulation and suppuration, and the general system built up by generous diet.

III. A soldier of the 31st Iowa infantry, wounded in Georgia, suffered amputation below the knee.

After several weeks, (*i. e.*, after my assignment to the charge of the 3d Division, General Hospital, Army of the Tennessee, in which he lay,) secondary hæmorrhage supervened at two o'clock in the morning. I was summoned to advise with the ward surgeon, and if necessary, operate. Searching for the vessel, a mass of degenerated substance, like blood-clots, was evacuated, and the bleeding ceased. Another case of the same kind was now announced to me, and, the tourniquet being lightly applied, I left him to attend to the other man. The bleeding did not recur during the time that the wound was left open, in pursuance to my direction; but on his removal to another division, the former treatment by closure was resumed, and soon he again had hæmorrhage. By opening the wound *to the bottom*, it was arrested, and he continued to do well so long as the hospital was continued, after which I lost sight of him.

A COMPARATIVE MATERIA MEDICA.

Within the last ten or twelve years, there appeared in Germany in the homœopathic papers and journals (V. Meyer's Allgemeine H Z—Altschuls Monatliche—Oestreichsche Zeitschrift f. H.) a number of remarks all based on comparisons of our remedies according to their characteristics. These were welcomed by all who follow Hahnemann in his main rule, viz., to individualize the cases and individualize our drugs according to their characteristic effects. All true similarity depends on this and on this alone. These remarks came from the pen of a younger brother of our well-known Wm. Gross, a friend of E. Stapf; Stapf being the first, and Wm. Gross the second young physician who received the doctrine of the old gray man in Leipzig, then near sixty, who had struggled against the masses for more than twenty long years of the best part of his life.

Growing up in such a school, Herman Rudolph Gross was faithful to the truth. Eminently learned as a physician, he was fully posted in all the latest views of the Old School, and the lasting as well as evanescent discoveries of the age, and always remained true to our cause.

The last of these remarks in the Oestr. Zeitschrift, 1863, vol. ii. page 116–124, concluded with a parallelism of causticum and phosphorus. The choice now between these two being often a very difficult one, and the more important, as, if the one has been really indicated, and by mistake the other been given, the loss to the patient is irreparable, as they never answer one after the other, are never antidotes to each other, and require several intermediate, lighter acting medicines, before the right one may be given, with that long, lasting beneficial result which follows a well chosen antipsoric.

The overwhelming mass of symptoms of the two great

polychrests, like others, so exceedingly difficult to master in the beginning of our studies, is here, by the condensed view of all the main, particularly the opposite differences, easily compared on one single page.

This comparison, invaluable to practitioners, was a sample of a large work, to which our author gave every hour, day or night, spared from his practice; supposing the world would receive it with delight. Alas! he could not find a publisher, —the book was too bulky, the masses too indolent—a work of about 500 or 600 pages in large dictionary size, they could not run the risk of printing.

While daily improving the work, he got sick; but with indefatigable zeal he continued and entered all the invaluable practicable remarks given by Dr. Von Bœnninghausen in his last work on intermittent fevers. This was his last labor. He was called to the other world. The tidings of his death reaching us here through the newspaper, a letter was at once mailed to his family, asking on what conditions we could get a copy of the manuscript, to publish the work in English, here in America,—here where three thousand follow the flag of Hahnemann. The next steamer brought a parcel containing the original manuscript left by the departed, ready for the press, without any conditions whatever.

Within three days the contract was made with the publisher. The great glossary prepared for the American edition of our Materia Medica will make the translation comparatively an easy task. In January the printing shall begin. All the subscribers and pre-payers to the American Materia Medica will be invited to transfer their subscription to this Comparative Materia Medica. It will be the best introduction to the Materia Medica itself.

It will be the turning point in the history of our school, as it will in a most easy way lead to individualization, and tempt every practitioner to compare where he never would have done it before.

It will enable even the most harassed physician to look for the minutiæ, deciding the choice.

It will be followed by an increase of real cures—lasting cures—making the most tedious part of our labors the easiest.

Blessed will be the memory of our departed colleague by all who truly and earnestly endeavor to heal the sick.

C. Hg.

CLINICAL EFFECT OF OPIUM.

BY C. W. BOYCE, M. D.

A child (September 12) eight months old, daughter of the Rev. B. G. Ives, of Auburn, New York, when but three weeks old, was taken by its mother to visit its grandparents: until this time it had never been out of the one room in which it was born. Whilst at the house of the old people every one, of course, had to see and hold the baby. The new faces and the excitement seemed to worry it, and before it was taken from the house the child appeared frightened. So great an impression was made that the mother could not pacify it; nor did the excitement cease except gradually. It slept but little for a long time, nor did it grow. The food seemed to do no good, and the bowels became obstinately constipated. What did pass the bowels, by the aid generally of injections, was in hard, dark balls, like "sheep dung." This condition lasted several weeks, after which it gradually disappeared. Soon after the child had got well from this first trouble, owing to sickness in the family of a relative, it was necessary to take it again from home, and strange faces were once more about it. The effect upon the child was the same, and they were obliged to take it home at once. The effects of this fright were more enduring, but of the same character. The bowels were obstinately costive, and what did pass was of the same dry, hard, lumpy nature. So serious had been the effect upon the child, that on August 6, 1865, when I first saw the case, although seven months old, it weighed only one pound more than it did at birth. The

food did not nourish it; there was constant restlessness with little sleep, and this only for a few minutes at a time. It seemed hungry enough and readily took what food was given. It took as much "nurse" as is usual for a child. (The mother is in the most perfect health.) During these five or six months it never had a passage from the bowels except of the *hard, dark balls,* and these were expelled with difficulty. Constant sleepiness with inability to sleep and an uneasiness painful to see. The nervous and digestive systems were so deranged that neither performed its functions. On comparing the case with the pathogenesis of Opium, the following symptoms were found to be like those of the remedy.

"Ailments consequent on fright or fear;

Excessive sensitiveness of the nervous system to external impressions;

Sleeplessness from excessive wakefulness;

Obstinate constipation;

Constipation for six or eight weeks, nothing but small, hard balls being passed;

Very drowsy, nevertheless he is unable to fall asleep;

Bad effects from fright and fear, or else from sudden joy."

These indications called for Opium, and having none except the 200th of Lehrman, this dilution was given; a single dose at eight, P. M., August 6, 1865.

The child slept nearly one half of the same night. In the morning it passed a large stool with little straining, and continued daily to have a good stool for a week or until it was again frightened.

Just one week from the time the Opium was given with such prompt relief, the brother let the child fall from a little wagon in which it was being drawn, and this so frightened the little one that a similar condition was produced as at first. Opium was repeated, but the effect was not as prompt as before. Several days passed before the bowels became open and sleep returned. Opium was given every night for four days, and then discontinued. A green diarrhœa followed,

which lasted some time. From this time the utmost care was used to prevent any fright, and several weeks passed without a summons to visit my little patient.

September 11, 1865, whooping-cough attacked the child and made it necessary to pay it a visit.

The appearance of the child is entirely different, and it weighed three pounds more than on August 6th, when first prescribed for. The digestion has been good and the bowels regular. Sleeps regularly and sweetly.

(3.) These symptoms lead to the administration of Opium, viz.:

"Caused by fright or fear;

Constipation, when there was any stool it consisted of '*dark, hard balls.*'

Sleepiness with inability to sleep."

October 17, 1865, this child has grown wonderfully since the record of September 11, 1865. There have been no more frights nor any more constipations. It sleeps well and nourishes well from what it eats. Some two weeks ago it awoke from sleep with every symptom of nervousness and wildness as though from a frightful dream, but one dose of Opium quieted it at once, and before night it was as well as ever.

HAHNEMANNIAN LIFE INSURANCE COMPANY.

We invite attention to the advertisement of this new institution; which, although just opening for business, is rapidly coming into public favor.

Homœopathic physicians find it greatly for their interest, and the permanence of their business to induce their patrons to insure in the Hahnemannian. And the patrons of Homœopathy are no less ready to avail themselves of the decided pecuniary advantages which accrue to them as such. This Company is perfectly reliable;—insures the patrons of Homœopathy *at rates of premium* TEN PER CENT. LESS THAN ON OTHER LIVES. F.

NOTICES AND NEW PUBLICATIONS.

Pittsburgh Homœopathic Hospital.—We were pleased to receive a few days since a call from our friend, Dr. J. A. Herron, who visited Philadelphia in the interests of the new Homœopathic Hospital in Pittsburgh. By means of a very liberal subscription from the members of the profession,—including some large-hearted students of medicine,—from the patrons and even from the opponents of Homœopathy, sufficient means were raised to purchase a large, well situated and every way suitable and convenient building, where the invalid, whether citizen or stranger, may find a home.

A novel, and in our opinion, a very commendable feature of this new institution is, that although founded and sustained principally by Homœopathists, those of its inmates whose means enable them to pay for their board and for the services of a physician,—being thus independent of the direct charity of the hospital,—can, if they wish, employ an allopathic physician to attend them. Thus while this hospital is mainly intended for the patrons of Homœopathy, for whom previously there was no other resort (so far as hospitals were concerned) than to allopathic treatment,—it is in effect open to the entire community and to the whole medical profession, to a degree unknown before. The citizens of Pittsburgh have shown in founding the hospital, a noble liberality, which we hope yet to see emulated in Philadelphia. And they will thus have an opportunity to compare and contrast the two modes of treatment on a more extended scale than has heretofore been possible in hospital practice in this country.

Educational Labors and Publications of Francis Wayland, D.D.*

We are indebted to our friend Dr. C. E. Toothaker, for this short biographical notice of one of the greatest men of America. In Dr. Wayland were combined all the elements of true greatness, great intellectual ability, great moral worth and moral power, and great and long-continued usefulness. For twenty-eight and a half years, he was the honored Presi-

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* Reprinted from Barnard's American Journal of Education.

dent of Brown University,—but was much more extensively known by his works,—especially the *Elements of Moral Science*, which for many years, has been in this, and in other countries, the leading text-book of this department.

The Medical profession regard President Wayland with peculiar esteem, for he was a Doctor of Medicine before he received the Doctorate of Divinity, having been licensed to practice medicine after three years' study in the office of Dr. Eli Burritt of Troy.

"Taking Cold," by John W. Hayward, M. D. London. Henry Turner & Co.

This is a praiseworthy attempt to call the attention of the profession to the causes of many diseases from cold, and to the necessity and means of guarding against, preventing and curing such diseases. The conclusion that Aconite is an infallible remedy against cold, is as erroneous as the authorities quoted. It is also very injudicious to advise the indiscriminate administration of Aconite at the beginning of every disease, especially of those of an acute nature and caused by cold.

Such continuous and persevering attempts to generalize, are opposed to the spirit of true Homœopathy, which individualizes.

Colds may be caused, for instance, by becoming wet; if the person has previously perspired, and the perspiration has been checked by becoming wet, in this case Rhus will most likely be the remedy; but if no perspiration was present, then Dulcamara will relieve. Aconite will be the remedy only when the perspiration has been suppressed by exposure to dry cold air.

It would be still more important if the author would point out the true Homœopathic remedies against the predispositions of individuals to take cold, as for instance, liability to take cold from allowing *the feet to become cold*, as under Silicea; or he takes cold easily whenever he uncovers his head, as under Belladonna. Such indications for remedies would much enhance the value and usefulness of this work.

The Cholera.—From our esteemed friend, Dr. J. R. Paddock, we have received a number of the Maysville, Ky. Bulletin, containing an account of his successful treatment of Cholera at its last appearance in that town. Verat. a. was

the remedy. And with this, with the aid in some few cases of Ipecac, Dr. Paddock saved seventy-three out of seventy-five cases. The two which proved fatal had already been subjected to allopathic medication.

An address on Cholera, delivered before the Class in the Hom. Med. College, by Dr. Lippe, now being published by the Class, will be found very full, in the history, comparative statistics, symptomatology and therapeutics of this disease.

The American Homœopathic Observer. Edited and published by E. A. Lodge, M. D. Detroit, Mich. Monthly, $2 per year.

The third volume of this periodical begins with the January number, which makes its appearance as we are going to press, greatly improved and enlarged to 48 pages. In addition to the useful, original and selected articles which fill its pages, the work is actually worth all it costs, if only for the sake of the advertisements on the colored leaves. We cordially wish Dr. Lodge all the success which he certainly deserves, and which he labors so earnestly to attain.

The Homœopathic Guide, for the use of twenty-five Principal Remedies in the treatment of the most simple forms of Disease, by Geo. E. Shipman, M. D.; together with Directions for the Treatment of Dengue and Yellow Fever, by Wm. H. Holcombe, M. D., New Orleans. Second edition. Chicago: C. S. Halsey, 147 Clark street, 1865. 12mo. pp. 241.

We give in full the descriptive title of this valuable work. For all those heads of families who do not feel able to study a more compendious book on domestic practice, this will be found just what they need. For sale by all Homœopathic dealers.

Medical Pomposity; or, The Doctor's Dream: a Poem. By Wm. Tod Helmuth, M. D. Detroit, E. A. Lodge, 1865.

In this satire, the grim paraphernalia of the Allopathic Practice, borne by the appropriate Personages,—are made to pass in slow review,—towards "the place of sepulchre," the natural terminus of such a course. The piece shows even more

dramatic power than poetic merit, and reminds one of the severe liberties which some of the high old Greek Satirists used to take with their Heathen Mythology.

Synopsis of a Forthcoming Work on Consumption and its numerous Kindred Maladies; with tracings of their causes, and of their cures, under homœopathic treatment. By R. R. Gregg, M. D., Buffalo, 1865.

We give in full the title of the proposed work; and when the work itself is published, we will take occasion to invite attention to its peculiar characteristics.

Address before the Homœopathic Medical Society of the State of New York, Delivered May 10, 1865, by the President, Henry D. Paine, M. D., of New York.

This Address contains a careful statement of the argument which the Homœopathic System presents to its opponents in the "Regular Profession."

Homœopathy in New York, and the late Abraham D. Wilson, A. M., M. D. By his early friend John F. Gray. New York: published by request of the Homœopathic Medical Societies of the County and State of New York, 1865.

We have only space to acknowledge the reception of this memorial; which is very handsomely printed, and enriched by a fine lithograph likeness of Dr. Wilson. We notice the printer has omitted the final letter of Hahnemann's name; an oversight the more obvious and unfortunate in so excellent a specimen of typographic art.

Errata.—In the article on Single Symptoms, by Dr. Bell, No. 4 of the Monthly, some errors were not excepted; and we note them now.

I. Page 182, line 7 from the bottom, it should read "*Neither is it.*" instead of "Another is in."

II. Page 183, under Senega read "*Boring pain about the heart,*" instead of "burning pain."

We endeavor to avoid errors; but it is not always possible to escape them; especially where the manuscript of the author is so indistinct as to involve mistakes on the part of the compositor, which the closest scrutiny of the office reader or editor may fail to detect.

THE

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OUR MATERIA MEDICA.

By A. LIPPE, M. D.

The Alpha and Omega of our healing art, is our Materia Medica. The Alpha, because the first proving of the first medicine on a person in health, (China officinalis, on Hahnemann himself,) established the proofs of the first principles on which rests our art. The Omega, because our Materia Medica furnishes abundant evidence that the Homœopathic principles and Hahnemann's practical rules included, are correct; without the Materia Medica, we could not test their reliability and truthfulness; with it, we have accomplished both these purposes.

It has, of late, become quite fashionable to criticise Hahnemann's Materia Medica Pura, to doubt its correctness, and to charge it with a multitude of errors with which it is said to be corrupted; those who affirm these errors claim also to be considered as its best friends.

These friends assert that the Materia Medica is not pure in the following particulars, viz.: "1st, That some of the remedies have symptoms ascribed to them, which were observed, not in healthy persons, but in those suffering from disease: under this head may also be considered, those symptoms which were taken from cases of poisoning, after antidotes had been given. 2d, That some of the remedies were not given singly

but in combination with a multitude of others. 3d, That some of the provers were incapacitated mentally, if not morally, for their arduous and responsible labors."*

The first charge "that some of the remedies have symptoms ascribed to them which were observed not in healthy persons, but in those suffering from disease: under this head may also be considered those symptoms which were taken from cases of poisoning after antidotes had been administered," may find its solution in the Preface to the Materia Medica Pura, by Hahnemann,† where he says, on page 5:

"Among the observations of others here added, are some noted down from persons already sick. But as they were chronic patients with well-known symptoms of disease, *which were not mixed up with symptoms observed of the medicines proved,*—as *Greding* seems to have carefully avoided doing,—these observations are not without value; they serve at least here and there to confirm similar or the same symptoms which appeared on healthy persons from a pure proving."

"In my own experiments and those of my disciples, care was taken to observe everything which could confirm their purity, in order that the true effect of each respective remedy might be clearly expressed through the observed results. They were instituted on the most healthy subjects, and under perfectly even and temperate external circumstances.

But when some extraordinary external circumstance occurred while proving, which by any possibility could have changed the effect, as for instance, fright, anger, fear, a considerable external injury, an excess of any kind, or any other great important circumstance, no more symptoms were noted after that time, they were all suppressed in order that nothing impure might be admitted into the experiments."

Here, we have a plain statement: either Hahnemann affirmed the truth, in this portion of his preface, or he did not. It then becomes a question of veracity, and nothing

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* *Vide* U. S. Medical and Surgical Journal, Vol. 1, p. 116.

† We translate from Hahnemann's Original Work.

else. Hahnemann does not attach great value to the symptoms observed in those suffering from disease, and seems to have accepted them as confirming other observations on those in health. The best observers have always accepted symptoms which appeared on the sick after the administration of a remedy; and have noted down these symptoms as such, and as to be considered doubtful until confirmed by further observations. In the original Materia Medica Pura of Hahnemann, the names of the provers, or the sources from which he obtained each symptom, are carefully noted. These books are not out of print, as some would seem to suppose.

And if the distinction between symptoms obtained from perfectly healthy persons and those taken from persons suffering from disease,—which Hahnemann was so careful to preserve,—is not to be found in the American edition of the Materia Medica Pura, and Chronic Diseases, and still less in the Symptomen Codex, whose fault is it? Confessedly not Hahnemann's. So far then as their noble author is concerned, these editions of his works require not *purification*, but *rehabilitation*.

The second charge is, "that some of the remedies were not given singly, but in combination with a multitude of others." If the symptoms obtained from Fowler's solution, which was in Hahnemann's time the fashionable mode of administering arsenic, do not corroborate the results of pure provings, or if the pure provings do not corroborate the symptoms of Fowler's solution, then the friends of the Materia Medica can do no better than to point out the discrepancy. And so also with any other medicines, which may be supposed capable of being included in this category.

Let us suppose, for argument's sake, that Hahnemann really admitted some unreliable symptoms, and that, by the translation of such symptoms, the American edition of his works has become corrupted, filled with errors and untruths. What should be done in such a case? The translation should be exposed. And suppose that has been done, and well done, as will appear when looking over Dr. Wilson's very

able criticism in the British Homœopathic Review, what next? Shall we still continue to quote from such translations, or shall we not rather look for something more reliable? And if there were some erroneous symptoms in the original, what then? Since it is scarcely possible, that among the many symptoms noted by Hahnemann, some errors should not have occurred, shall we therefore distrust him entirely, reject our Materia Medica, or sift or purify it? And who are to sit as the jury in the case, and who is to be the judge?

As long as those who have proved medicines on the healthy,—those who by their devotion to our cause have augmented the Materia Medica,—who have added to the store of true knowledge, and who reject nothing *a priori*, but judge of the correctness of provings by the results obtained from clinical experiments,—as long as all these hold and affirm that our Materia Medica as Hahnemann bequeathed it to us, and as it was augmented in his spirit by those following his example, cannot be sifted or purified, without injury to our cause, let us be satisfied with this part of our general Materia Medica, as Hahnemann and his disciples have left it; and let no unclean hands be laid upon the sacred treasure.

The third charge is, "that some of the provers were incapacitated mentally, if not morally, for their arduous and responsible labors." Langhammer comes in for a share of abuse,—it is well for his memory that Dr. Roth will find all his accusations against him so thoroughly controverted by our able contemporary, Dr. Hering. And I have only to add here, that Langhammer's symptoms have been found reliable and that the test of experience has proved them to be so. And no doubt many a writer on the subject, who has any practice at all, makes good use of Langhammer's symptoms, though unaware of it. When the full exposition of Roth's slander appears, we will hope that the willing followers of the perverse critic will make due acknowledgment of their conviction, that Langhammer's symptoms are as reliable as any which Hahnemann incorporated in his Materia Medica Pura.

If the restless spirits who with Roth talk and write of purification, would like to try their hands at it, let them give up dealing in generalities, and take up one medicine after another, symptom by symptom, and thus thoroughly and fairly criticise both prover and proving. Have not all the re-provings of Hahnemann's originial medicines,—such as Aconite, Bryonia, Colocynth, Natrum muriaticum, Sulphur, Thuja, Cyclamen, Chelidonium,—added new lustre to his merits? Have they not confirmed all his observations? Or have any critics, of whom Roth is by far the ablest, ever produced even a single symptom, observed and noted by Hahnemann, which clinical test has shown to be erroneous or untrue?

If the friends of Homœopathy and the Materia Medica wish to strip the coverings from error, they need not go back to the original works of the master, nor even to their imperfect translations; they will find on their shelves many modern works on Materia Medica, purporting to be of our school, but too replete with perversions and errors. If we are Homœopathicians and make it our rule to individualize, we cannot spare one of Hahnemann's symptoms. But the fashionable clamor has been for generalizing,—for adding to our Materia Medica unproved medicines,—copying from the Eclectics,—for making Homœopathy subordinate to the collateral branches of medical science; while the reverse is the true aim. The opponents of Hahnemann and Homœopathy have at all times and under all circumstances, expressed a distrust in his great work, his Materia Medica, and will ever continue to do so. At the present time the medical students of Edinburg, the principal seat of medical learning in Great Britain, are told that the true mode of ascertaining the curative effects of drugs is by proving them on themselves; and they do thus prove medicines. This is the first inevitable step towards the final adoption of Homœopathy. While at the same time some professing Homœopathicians try to persuade their trusting brethren that the Materia Medica Pura

left us by Hahnemann, is full of errors and untruths. This is the first step to destroy Homœopathy.

The inherent part of Homœopathy is its "truths;" and this, with the Materia Medica, will live; her truths are the essential elements of her vitality, without which her enemies and calumniators would have overwhelmed her long ago.

Here is found one of the characteristic differences between the Homœopathician and the non-Homœopathician.

The Homœopathician speaks with the highest veneration of Hahnemann, of his writings, acquirements, genius, and honest uprightness,—of his superior gift of observation, and of his surpassing success in applying his new method of cure, from his more intimate knowledge of the Materia Medica which he himself created. The older the student, the more he admires the genius of the master; for he knows him better and trusts him more the longer he associates himself with his writings, gradually becoming identified with his spirit and enabled to follow him by experiment.

The non-Homœopathist speaks disrespectfully of Hahnemann. He calls him a man of straw, a visionary; declares him unreliable in his observations, his Materia Medica a mass of chaff, perfectly useless unless well sifted; his system he terms unscientific and ridiculous, in need of being modified, re-modeled, or exploded. The less he knows of it the more fault he finds with it.

While Hahnemann himself would be the last man to claim infallibility in his works, his followers may none the less confidently assert that he was the most careful, conscientious and indefatigable prover and conductor of provings. And while he gave the name *Pura* to his beau ideal of what a Materia Medica ought to be, he deemed it useful to incorporate some symptoms confessedly *not pure*. But in so doing, he was conscientiously particular to maintain the distinction; and thus to furnish his readers with the requisite data to enable them to judge of the *a priori* reliability of the symptoms, in accordance with his own principles, by indicating the sources whence the symptoms themselves were derived.

And whatever may have been, or may now be the *a priori* opinion as to the value of some of these professedly impure symptoms, we now affirm that *a posteriori*, their actual reliability has been amply proved. And at least we may be permitted to say, that although they have been subjected to the ordeal of constant use by many different physicians during a course of years, none have been found unreliable.

And in this whole matter the sound judgment and true wisdom of Hahnemann himself, appear to have been completely vindicated. The method pursued by Hahnemann may indeed be improved, perhaps, by those who have the advantage of his foundation to build upon. And if another and *better method* can be suggested for use in present or future provings, it would most certainly and immediately be adopted by all the most devoted followers of the great founder of Homœopathy. But even then, those whose talent and genius should enable them to accomplish such a result, would be the very men to appreciate in the highest degree the true worth of Hahnemann, and his self-sacrificing devotion to the cause of humanity. A profound respect for intellectual and moral greatness, is far from being an indication of littleness in those who feel it.

The present lamentable condition of our Materia Medica in general, we think we have conclusively shown to be the fault neither of Hahnemann himself, nor of the method which he pursued. Let us therefore desist from reviling him, who was the author, if not the finisher of our Medical faith,—let us individually and by the combination of all our forces, seek to improve the Materia Medica; and as a most important means to this end, let us not be ashamed to imitate the example and adopt the method of the illustrious Hahnemann, until at least we shall have discovered a more excellent way and secured a worthier Guide.

CELLULAR PHYSIOLOGY AND PATHOLOGY.*

BY J. H. P. FROST, M. D.

The extremes of Nature and of Science meet and unite in the soul of man; "and all the near and all the far" find in the human heart their home. Nothing was too grand, nothing too minute for the Infinite Creator; and the finite creature feels himself uplifted as he recognizes the same sublime Presence alike in all. As the telescope *opens* the sidereal heavens to the wondering gaze of the astronomer, and enables him to determine the laws which control the revolutions of the celestial spheres, so the microscope reveals to the admiring physiologist other and no less wonderful spheres, and renders possible the successful study of their origin, their modes of development, and their most interior functions.

This new science of Histology proves even more important to the physician than interesting to the student of Nature. For taking rank from the very first as the secure foundation of Anatomy and Physiology, it has already become the chief corner-stone of Pathology,—and bids fair ultimately to illustrate, as in a triumphal arch, all the grand principles of Therapeutics. Splendid as are the results already attained, they serve but to light "the path of Empire" that leads to a rational Psychology on the one hand, and to a perfect Therapeia on the other. For here, as in all other noble work, theory and practice, science and art, must go hand in hand, and at the same time promote the material interests and supply the spiritual necessities of the complex nature of man.

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* CELLULAR PATHOLOGY; based upon Physiological and Pathological Histology. By Rudolph Virchow, Public Professor of Pathological Anatomy, Berlin. New York: R. M. De Witt.

The ancient natural philosophers dwelt learnedly upon the "similar and dissimilar" members, parts and organs of the human body. And their successors of the middle ages described the various organic substances of which it was supposed to consist; and in elaborate treatises, which filled bulky folios, attempted to reduce their fanciful, superficial, and at best merely external knowledge of Anatomy to a scientific system.

But *M. Malpighi*, born in 1628, Professor of Medicine successively in the universities of Bologna, Pisa and Messina, and afterwards Physician to Pope Innocent XII., was the first anatomist in whose hands the knowledge of intimate structure became a science of accurate observation. By means of microscopical examination and dissection, he studied the minute structure and functions of almost every important organ in the body; and some of his discoveries still bear his name. So that he may justly be regarded as the original founder of that part of anatomical science which treats of structure and organization.*

A little subsequent, though cotemporaneous, were *Ruysch* and *De Graaf;* the latter,—cut off at the early age of thirty-two,—is still remembered in connection with the seminal vesicles which he discovered and which bear his name; the former lived to a very advanced age, and was remarkable for the perfection to which he carried the art of injecting minute tissues and organs. The labors and researches of these eminent men added many new and interesting facts to the treasury of Anatomy and Physiology. But little, however, was accomplished toward the arrangement of the materials thus accumulated, till their immediate successor, *Haller*, produced, about the year 1757, his great work, "Elements of Physiology." In this work the most prominent position among the elements of the body was assigned to *fibres*. And Haller's vain search after an elementary or rudimentary fibre, showed that even then that line of inquiry was begun, which has only

* Craigie, Path. Anatomy.

been successfully concluded in our own time. And in this connection it is interesting to trace the progress of discovery, from this first attempt to distinguish the separate textures of the body. For next to this fibre theory came that of *granules,* of which it was thought the fibres themselves might be composed, by being arranged longitudinally. And long afterwards, when finally the *cell* doctrine had been propounded, it was affirmed that the cell itself might be composed of granules arranged in a circular or spherical form, within which other granules or globules remained to form the cell-contents. This was an ingenious attempt to put new wine in old bottles, and succeeded about as well as such attempts usually do.

We pass over *Cullen,* and *Bonn,* and the two *Hunters,*—those great anatomical and pathological lights of the latter part of the eighteenth century,—to introduce *Bichat,* disciple of Dessault, whose "Treatise on the Membranes" marks the opening of the present century as a new scientific era.

"It was in the year 1801 that it (Histology) first acquired a rank coequal with that of its sister anatomical sciences, by the services of a man to whom indeed Histology owes no great discoveries, but who understood as no other before him had done, so to arrange existing materials and so to connect them with Physiology and Medicine, that for the future its independence was assured. In fact, Bichat's 'Anatomie Generale' was the first attempt to treat Histology scientifically, and on this account merely it constitutes an epoch; but besides this its importance was still greater, inasmuch as the tissues were not merely clearly defined and fully and logically treated of, but full account was taken of their physiological functions and morbid alterations. To this great internal progress the present century has added an ever-increasing perfection of the external aids of the microscope, and a steadily increasing zeal in the investigation of Nature, so that it is not to be wondered at that in its five decades it has left far behind all that was done in the century and a half of its earlier existence."*

Bichat portrayed the membranes and discriminated the tissues, in particular. Next to Bichat, in the order of time

* Kölliker's Manual of Human Histology, I., Introduction.

and of consequence in these anatomical studies, comes *Dr. Th. Schwann,* who, by demonstrating, in the year 1838, *the perfectly identical cellular composition of all animal organisms,* created another and most memorable epoch in Histological science. But the origination of the *cell theory* does not entirely belong to Schwann. He can only claim the development and extension into the animal organism, of the doctrine already enunciated by *Schleiden* in the vegetable. Nor, indeed, does he fail to give all due credit to his predecessor in this respect.

"Schleiden instituted researches into the mode of development of vegetable cells, which illustrated the process most excellently.

"The discoveries of Schleiden made us more accurately acquainted with the process of development in the cells of plants. This process contained sufficient characteristic data to render a comparison of the animal cells in reference to a similar principle practicable."*

Schleiden was a botanist; and in his investigation of the internal organization of plants, and especially of their embryonic development, he not only elucidated the great principle of *cellular structure,*—which Schwann immediately extended and applied to animal organization,—but he seems almost unconsciously to have announced another and no less important truth, which Schwann completely failed to appreciate.

"But if the embryo be the type of the entire plant, and the latter do not present anything which is not a repetition of its organs, *if we have found the growth of the embryo to consist only of the formation of cells within cells,* we may then expect to find the same result also in the process of the growth of the whole plant."

"So far I believe I have demonstrated tolerably conclusively, and in accordance with nature, *that the entire growth of the plant consists only of a formation of cells within cells.*"†

In these original statements of Schleiden himself are in-

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* Schwann and Schleiden's Researches, XIV., Syden. Ed.

† Schleiden's Contributions to Phytogenesis, Syd. Ed.

volved two most important principles, which to us, at least in our present light, appear reciprocally evident the one from the other;—first, that all organic structure proceeds from cells; second, that cells themselves can proceed from cells or cell-germs only. The former of these principles Schwann adopted, as already stated, and most satisfactorily extended to animal organism. But the latter he most unaccountably overlooked,—led astray perhaps by the apparently much more intricate and complicated structure of animal tissue. And thus he himself, and through him others, adopted an error now seen to be very palpable, but to recover from which required years of study and the highest efforts of scientific genius.

At this point it is instructive to pause for a moment and note how plainly both these great principles were anticipated by *Raspail* (whom, however, Schleiden very decidedly repudiates) some four or five years previously.

"In the course of this work,* we shall more than once have occasion to prove that the *type of organized beings* may be reduced in its simplest expression, *to an imperforated vesicle,* possessed of the property of elaborating for its own nourishment, to an indefinite extent, the gaseous or liquid substances, which it takes in by aspiration, and of throwing off by expiration such of their elements as are incapable of being assimilated."

Here is not only an exact description of the cell-germ and its functions, but a condensed statement of absolutely primitive cellular organization, or of cell growth from cells only.

But to resume: Schwann seems to have not only drawn his conclusions from a very narrow basis of original observations, and so to have depended very closely upon Schleiden's description of the process itself, but he appears also to have been entirely incapable of realizing the vastness of the principle contained in the doctrine of uniform cellular organization, which necessarily involves the *evolution of cells from cells only.* And in consequence we have his "Generation of

* New System of Organic Chemistry; M. Raspail, 1833.

New Cells in the Cytoblastema,"* and Kölliker's adoption and further elaboration of the same doctrine: "The development of cells by *free origin*, in which the cells are developed independently of others in a plastic fluid, the cytoblastema of Schleiden."† This latter statement does but scant justice to Schleiden, who appears to have taught the development of the cytoblastema from the cells, rather than that of the cells from the cytoblastema.

In reality Schleiden taught what is now understood by *endogenous* cell-formation, that is, by development from within the cell itself. While Schwann, "advancing backwards," assumed a theory of *free cell-formation*, which was accepted by Rokitansky, Paget and Kölliker; and by the latter extended even through the entire domain of Pathology.

"*Free cell formation* is exceedingly frequent in pathological productions, and the cells in pus and in exudations of all kinds arise in this manner; in fact, all pathological cell-formation properly comes under this head."‡

"The doctrines which Schwann had announced for normal *tissue genesis*, were speedily applied to pathological new formations by *Johannes Müller*. The work of Müller constitutes an era in the history of pathology. To him belongs the credit of having placed the classification of Pathological products, and especially of morbid growth, upon a reliable basis. To him also, we owe the enunciation of that fundamental *law of similarity between pathological* and *normal tissue development*, which has since been so triumphantly established by Wedel and Virchow. But while Müller's remarkable work fully deserves this high praise, we are obliged to censure him for having too blindly and without sufficient evidence received Schwann's doctrine of free cell-development. In fact Müller's own observations are chiefly connected with the processes by which the several pathological products are developed out of cells, while for the formation of the cells themselves he mainly relies upon Schwann."

But while Schwann thus at the same time went astray himself, and misled some others, in respect to the manner in

* Researches, p. 169, et seq.

† Histology I., p. 19.

‡ Kölliker's Miscroscopical Anatomy

which the *genesis* of cells occurs; others still obtained clearer light and arrived at more correct and soon to be finally confirmed views. Thus we find *Remak* totally denying the entire doctrine of free cell-development; and announcing, as his fundamental conception of cell-growth, the doctrine, "*omnis cellula in cellula*",* almost the identical words used by our author some seven years after.

We have been thus particular in indicating the general doctrine and tendency of the cell theory, down to the time of the appearance of PROF. VIRCHOW'S Lectures, that our readers might the better judge with what he had to contend, and how great a revolution he has effected in bringing the scientific portion of the profession to the adoption of his views. What those views and conclusions are, it will now be possible for us to state only in the briefest manner; but if we shall succeed in exciting in our readers an interest in the subject, and in directing their attention to the work itself, the object of the present article will have been fully accomplished.

Starting then with the already generally received doctrine of cell-formation, as the type of all organic life,—animal as well as vegetable,—*Virchow* makes the cell-nucleus the indispensable characteristic of the cell itself. And in the nucleated cell he sees a definite correspondence in elementary form, pervading the whole series of all living things. And this leads him directly to still higher conclusions.

"If in this series (of all living things) something else which might be placed in stead of the cell, be in vain sought for, then must every more highly developed organism, whether vegetable or animal, necessarily above all, be regarded as a progressive total, made up of larger or smaller numbers of similar or dissimilar cells. * * * *Every animal presents itself as a sum of vital unities, every one of which manifests all the characteristics of life.*" p. 40.

In other words, he would say that just as the individual was a type, not only of the race itself in general, but also of

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* Müller's Archives, 1852.

all the actions and powers peculiar to it, so the individual cell, essentially, possesses the powers of the entire body of which it is at once a type and a unitary constituent. Thus, as the individual is developed only from a preceding ovum, so the cell can be developed only from a preceding cell-germ; so that there can be no more spontaneous generation (*free* formation) of cells, than there is spontaneous generation of individuals. And this doctrine our author applies no less decisively to Pathology.

"Even in Pathology we can now go so far as to establish, as a general principle, *that no development of any kind begins* de novo, and consequently as to reject *the theory of equivocal* (spontaneous) *generation, just as much in the history of the development of individual parts, as we do in that of entire organisms.* Just as little as we can now admit that a tænia can arise out of a saburral mucus, or that out of the residue of the decomposition of animal or vegetable matter, an infusorial animalcule, a fungus, or an alga can be formed, equally little, are we disposed to concede, either in physiological or pathological Histology, that a new cell can build itself up out of any non-cellular substance. Where a cell arises, there a cell must have previously existed, (*omnis cellula e cellula*), just as an animal can spring only from an animal, a plant only from a plant.

The principle is established, that in the whole series of living things, whether they be entire plants or animal organisms, or essential constituents of the same, *an eternal law of continuous development prevails.*" p. 54–55.

This doctrine, it will be noticed, is exactly the opposite of that above quoted from Kölliker; and it lets in a little gleam of light upon the *via aspera* or "hard road to travel" of Pathology. And shows, what our School has all along contended, that the pathological formations are but deviations from the physiological; since their cellular development and growth follow exactly the same general law—a conclusion strictly in accordance also with the received doctrine of our School, as to the nature of disease as disturbance of physiological functions.

Even as all normal growth or development must originate in the nucleated cells, so also must all the abnormal growth

and development. And whether this abnormality assume the form of hypertrophy, atrophy or perversion, it must be evident that its starting point can only be found in these cells,—in these most interior and ultimate forms of vital organization.

Thus the foundation is removed from under the old Humoralists and Solidists alike,—and their controversy resolved into a mere logomachy, not unlike many others of the scholastic ages*. For the original irritation, inflammation,—or whatever else we may call the incipient pathological determination,—takes its rise neither in the blood or other "humors" of the body, nor yet in the solid structures, *but in the cells as such*: and which may be assumed to be composed of both solid and fluid substances, as indeed is every tissue of the body. But the primary pathological step obviously has relation to *functional action* rather than to abstract structure. And the *primary* pathology of the cells,—considered as the final constituents of tissue,—may be assumed to be also as normal, as regular and inevitable, as is their physiology; even their death being the necessary alternative and consequent of their life. This *retrograde metamorphosis*, in which the functional *detritus* of tissue is resolved into the lower and still lower organic and chemical forms, is at once the simplest, the most universal, and the one which is entirely consistent with perfect health.

While of the three most general classes of pathological deviation already mentioned, the first, *hypertrophy*, will readily serve to illustrate our idea as regards those morbid processes which do not belong to the natural degeneration of tissue from use. For if hypertrophy be defined,—as it may in the simplest manner,—merely as unlimited growth, is it not evident that its development can hardly be affirmed to vary

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* For a graphic account of "Humorism and Solidism," see Sir Wm. Hamilton's Review of Thompson's "Account of the Life, Lectures and Writings of Wm. Cullen, M. D.,"—in his "Discussions on Philosophy and Literature' p. 276.

otherwise from the proper cell formation of normal growth? So *atrophy*, its opposite, may be no less plainly seen to be due simply to deficient cell-nutrition. And *perversion*, or "degeneration," whether innocent or malignant, may now be as readily understood to mean only such morbid transformation of tissue, as must result from disturbance of the proper nutrition of the formative cells. And for all these pathological formations, as well the *heterologous* as the *homologous*, our author finds *true physiological types*, p. 486—525.

As mathematicians demonstrate that a ball once put in motion in space, and meeting with no resistance, will continue to advance forever in the same direction, so the doctrine of continuous and successive *cell-genesis*, leads from the first to the last member of the human race. And all the themes connected with latent, transmitted Psora, its gradual accession, its increment and its decline through the successive generations, start up to remind us that we have come, all unwittingly, upon their camp fires, and to bring us to a halt.

Kölliker declared that the fortunate discoverer of the law of *cell-genesis*, would not only commence a new era in Histology, but would be much more celebrated than the originator of the doctrine of the composition of all animal tissues out of cells. Much sooner than he could have expected, even before his own work had passed its first decade, the man appears, *Virchow*, and vindicates his claim to lead the new era, by exposing the erroneous free cell-formation of Kölliker himself and others, and by giving the scientific world assurance of the now undoubted fact, that all physiological and all pathological organization, *vegetable, animal,* AND EVEN CELLULAR, IS NECESSARILY CELLULAR IN ITS ORIGIN.

UTERINE ELEVATOR.

BY H. N. GUERNSEY, M. D.

This instrument, of which an accurate representation is given above, is composed of an ivory ball, a steel rod and an ebony handle. The diameter of the ball is about five-eighths of an inch. The rod, seven inches in length, and curved as in the cut, is firmly inserted into the ball at one extremity, and into the handle at the other. Originally designed by the writer, and constructed for him, for use in retroflexion or retroversion of the uterus, this little instrument has been found capable of affording very valuable assistance in such cases.

The very unsatisfactory manner in which these displacements have generally been managed by physicians, has led the writer to adopt a new and very simple method of treatment; and to offer it to the profession in all such cases where an operation or mechanical interference is necessary. And for the following reasons:

1st. It is less painful, and less disagreeable to the patient.

2d. It always ensures a more perfect replacement of the organ, which consequently is less likely to relapse.

3d. This plan will be found successful, when all others adopted by skilful and experienced physicians have failed.

4th. This plan will succeed in cases in which it has hitherto been deemed necessary to produce abortion in order to replace the retroverted uterus. In these identical cases replacement is readily effected by this method, and pregnancy continues till the full term of gestation.

As soon as a case of this form of displacement is clearly diagnosed, if the urine or fæces are retained, the usual means should be at once adopted for their evacuation. The patient should then be placed on the bed, near its edge, upon her knees and elbows, so that the force of gravity may assist in the reduction. The ball of the instrument, well lubricated, is to be brought to the anus, with the convex surface of the rod upwards, then gently pressed till within the sphincter; when the handle should be slightly elevated, so as to bring the ball against the anterior wall of the rectum. The instrument is now to be firmly and carefully pressed up the rectum, when the ball will elevate the fundus,—care being taken to raise the handle of the instrument more and more as progress up the rectum is made; and presently the uterus will regain its normal position immediately posterior to the symphysis pubis.

In cases of long standing,—and the writer has recently replaced one of fifteen, and another of thirty years continuance,—the reduction is not so quickly or so easily effected. The ball, engaging and partially elevating the fundus, will slip over and pass above it. The instrument must then be sufficiently withdrawn to engage it again. And if necessary the operation should be repeated, until the work is proved to have been entirely completed by the instrument's meeting no obstruction as it is pressed with some degree of firmness against the anterior wall and so passed up the rectum.

After the reduction is effected, the patient should be kept in a recumbent position, for a longer or shorter time—from two to twelve days, according to the more or less recent nature of the case; that the womb may become accustomed to its position: such remedies being administered in the meantime as may be indicated. The principal of these are Nux, Belladonna, Sepia, Sulphur, Calc. c., Lycop., Calc. Phos. and Kali Carbonica. We give, for each of these medicines, the principal indications; each symptom being a *key-note*, which may be found a reliable guide.

Nux. If the retroversion were caused by hard labor, or

lifting. Or if she have frequent call to stool, with little or no result. Habitual constipation, evacuating large, difficult stools—or small knots with pain. Alternate constipation and diarrhœa. Pain in the back, utterly hindering her from turning over in bed.

Belladonna. If she have that peculiar forcing pain, as though the genital organs were being forced out through the vulvæ. Or pains in that region, which come on suddenly and as suddenly cease. Or a feeling in the back as if it would break, hindering motion.

Sepia. If she have a sensation as though she must cross her thighs to prevent the descent of the uterus. Or a sense of burning, with shooting pains in the neck of the uterus—a symptom quite common in these cases. Or a sense of weight in the anus, as though a ball, like a potato, were lodged there, which is not relieved by an evacuation; this is also quite a common symptom.

Sulphur. A feeling that she must stoop, either when sitting or when walking. Heat in the top of the head, and coldness of the feet. Frequent flashes of heat, followed by a little moist perspiration, with a sense of weakness and faintishness. Very faint, weak and hungry from eleven A. M. till noon; can't wait for her dinner. Easily fatigued from the least exertion. Wakens very frequently at night. Gets no long sleep, not sufficient to rest her.

Calc. c. Feels cold, a sort of inward coldness. The least exposure to cold air chills her through and through. Feels as if she had on cold, damp stockings continually. Pale, leucophlegmatic. Vertigo, on walking up stairs. Menses, too frequent and too profuse.

Lycop. Much rumbling and loud borborygmus, particularly in the left hypochondrium. Passing red sand with the urine. Or deposite of red crystals on the bottom of the chamber, from the urine, after standing six or eight hours. Much pain in the back just before urinating, which ceases as soon as the urine begins to flow (observed very frequently.) Aggravations, which occur either at four A. M., or at four P. M., with amelioration some hours after.

Calc. phos. When every cold causes rheumatic pains, in the joints and various parts of the body. This is a positive indication; and when this occurs, the exhibition of Calc. phos. will at once remove the rheumatic affection and prevent the reappearance of the uterine displacement.

Kali carb. Stitching pains in and about the uterine appendages. Much distress in the abdomen for an hour or two previous to an evacuation of the bowels.

The uterus is held in its proper position in the centre of the cavity of the lesser pelvis, and in a line with the axis of the superior strait, simply by the round ligaments and a double fold of the peritoneum. When in a healthy state, the round ligaments hinder its retroversion. While the peritoneum, which covers its superior three-fourths anteriorly and its entire posterior surface, serves principally to prevent it from sinking down into the vagina, and at the same time assists also in preventing retroversion. Hence it is very plain that the womb cannot become displaced so long as the peritoneum and round ligaments are in a normal condition. The above-mentioned remedies, or others, when indicated,—by restoring the normal condition of these appendages,—will cure all uterine displacements, when no mechanical obstruction, such as is necessarily present in complete prolapsus or complete retroversion, intervenes. These appendages are usually relaxed in consequence of some constitutional ailments, which are shadowed forth by the symptoms indicating the proper remedy. The right interpretation of these symptoms, and the consequent administration of the corresponding remedy, will usually be followed therefore by a *radical cure.*

The practice of applying pessaries, or uterine supporters of any kind, is one which belongs to the principles of Allopathy, and is rapidly becoming obsolete. A few years more, and all these barbarous appliances, as useless and degrading as they are disgusting to the female sex, will be finally laid upon the same mouldy and musty shelves with the cups and the blisters, the leeches, the lancet and the actual cautery!

ANTAGONISM TO NEW MEDICAL THEORIES.

BY JOSEPH LAURIE, M. D., L. R. C. S. E.

[Continued from January number, page 240.]

Allopathists are constantly complaining of quacks. They would have us believe it is the ignorant, non-qualified practitioner who steps between them and their legitimate reward. But that distinguished Homœopathist, Dr. Samuel Brown, has, I think, truly observed; "If the educated medical practitioner were successful in his practice, if his profession approached anything like to certainty, is it probable that the public would leave him and fly to quacks?" It is not cheapness that supports the impudent charlatan; it is the uncertainty of the healing art as practised by the (Allopathic) medical practitioner. When, therefore, the Glovers, the Gregorys and the *Wakeleys* complain of charlatanism, they may well be told it is a necessary consequence of that medical system they so resolutely support."

The actual state of medical science forbids the idea that it has reached perfection. Much has been done, but much remains to be accomplished. From the past we gather evidence of the future; and such evidence as history affords, points to the conclusion that there can be no end of new medical theories until the art of healing shall approach to the certainty of the art of calculating an eclipse. Whence come novelties in medicine? From the uncertainty of the healing art. A sense of that uncertainty gave birth to Homœopathy with its philosophical and incontrovertible fundamental law, the most potent enemy with which orthodox practitioners have to deal.

Hahnemann, (our own great and immortal Hahnemann), ceased to be a member of the old school long before he

established the new one. We are assured that although his medical treatment when District Physician at Gommerm, near Magdeburg, and Medical Director of the Dresden Hospital, was extremely simple; and he had the reputation of being a very successful practitioner, yet he became so thoroughly dissatisfied with the *uncertainty* and consequent *danger* of the practice of medicine, pursued under no other guidance than the vaunted established principle, that he resolved to relinquish it altogether; for, to use his own words, "the thought of being a destroyer of human life was so dreadful, that soon after my marriage, I gave up treating any one, lest I should aggravate his disease, and occupied myself entirely with chemistry." Again, in a letter to Hufeland, he says: "eighteen years have elapsed since I quitted the beaten path in medicine. It was agony to me to walk always in darkness, with no other light but that which could be derived from books, when I had to heal the sick, and to prescribe according to such and such a hypothesis concerning disease, substances which owe their place in the Materia Medica to an arbitrary decision. I could not conscientiously treat the unknown morbid conditions of my suffering brethren by these unknown medicines, which being very active substances may, unless applied with the most rigorous exactness, which the physician cannot exercise, because their peculiar effects have not yet been examined, so easily occasion death, or produce new disturbances and chronic maladies often more difficult to remove than the original disease. That I might no longer incur the risk of doing injury, I engaged exclusively in chemistry and literary occupations."

These highly interesting statements from the pen of Hahnemann himself, incontestibly prove that he was led to renounce the old system of medicine from actual experience of its uncertainty and dangerous character. Having been a successful practitioner, and, for a considerable period, connected with various hospitals, he may fairly be presumed to have known the *tricks of the trade*, or to speak more poetically, the *secrets of the prison house*. And so terrible were those secrets, so

awful the responsibility the performance of his ordinary duties as a medical practitioner imposed upon him, that he could neither keep the one nor bear the other. With a conscientiousness and a manliness which did him imperishable honor, he determined to free himself from professional trammels, at whatever sacrifice of money or reputation. Circumstances did not conquer his *high resolve*, but *it* vanquished circumstances. This illustrious man *did* keep faith with his own conscience, and will be pointed to by the *wise* and the *good* of all generations as a brilliant example of patience, integrity, benevolence and self-devotion. After quitting the profession, he occupied himself in studies having for their object a *radical change in the healing art.* What the unfortunate Earl of Strafford *wished to be* in politics, Hahnemann *really was* in physic, namely, *thorough*—nothing but a "head to foot reform" of medicine would satisfy him.

The question he constantly asked himself was this: Are the obstacles to certainty and simplicity in medicine insuperable? Up to his time no one had *satisfactorily* answered that question. From the days of Hippocrates and Celsus, what men called medical science rested on ignorant *assumptions* rather than *enlightened principles;* justifying the severe critique of Bichat, who declares that it is not a science for the methodic mind, but a shapeless assemblage of inexact ideas; of observations often puerile; of deceitful means; of formulas as absurdly conceived as they are fastidiously collected.

To sweep from the schools this antiquated and incongruous heap of rubbish was the task of a medical Hercules. *Hahnemann* essayed, and *lived to see the incipient stages* of its *certain accomplishment.*

Even his bitterest enemies will confess that while Hahnemann was engaged in his arduous work, he displayed indomitable courage, vast perseverance and prodigious intellect,

One who knew him well, not inaptly described him as that "double-headed prodigy of learning and philosophy, whose system though at first despised, was to drag to ruin the com-

mon receipt-crammed heads." *Ex pede Herculem. The foot of Hercules can belong only to Hercules.* Without exaggeration or the least departure from truth, it may be said *the mind of Hahnemann belonged only to Hahnemann.* Emerson, that glory of American literature, has taught us to believe in *representative* men. According to him, Plato, Swedenborg, Gœthe, Shakspeare and Napoleon represented certain characteristic and peculiar phases of mental action; and though many shall come after them, none shall march with the same giant stride. Plato he distinguishes as the *thinker,* Swedenborg as the *mystic,* Gœthe as the *writer,* Shakspeare as the *poet,* and Napoleon as the *soldier.* In harmony with that ingenious conceit, I would venture to distinguish Hahnemann as the *physician.* A discussion of his system, (a system of which I have been an humble but zealous advocate for the last thirteen years), would here be superfluous, and, if not superfluous, out of place in a *brief* discourse on "antagonism to new medical theories." No practitioner better understood or more perseveringly acted upon the fundamental truth of Hippocrates, "that the only sound basis of medical science is the accurate observation of actual phenomena, and that the correct generalization of these phenomena should be the foundation of all our reasoning."

No practitioner more strongly felt the suffering condition of humanity, or made greater efforts to relieve it. At the advanced age of eighty years, and after a professional career of more than fifty years, he could truthfully say, "*My conscience is clear, and it bears me witness that I have always sought the good of suffering humanity.*" That he was fallible, no sane man will question; but that he had an intellect *eminently practical,* and a disposition *eminently benevolent,* is equally beyond dispute.

Homœopathy, like every other new theory, should be *examined* before *condemned*—examined *solely* with a view to truth, without heat or impatience or feelings of hostility towards either its great founder or his disciples; for such heats, passions and prepossessions, hinder the advance of science as well as check the growth of kindly feelings.

Truth being confessedly the basis of all excellence, let us with singleness of purpose seek for truth; not, however, forgetting in our search the virtue of moderation; and that often while shallow streams maintain their currents, swelling rivers beat down their banks and leave their channels empty. Let us in everyday life practically recognize the magnificent thought of my Lord Bacon: "That certainly it is heaven upon earth to *have a man's mind move in charity, rest in providence, and turn upon the poles of truth.*"

REDUCTION OF DISLOCATIONS

OF THE SHOULDER BY MANIPULATION.

BY L. H. WILLARD, M. D.

In examining the (enarthrodial) joints with reference to dislocations one cannot help being surprised that the reduction of these accidents by manipulation has not been more explicitly dealt with in our works on Surgery of the present day. It is true that Hippocrates speaks of it, but only in raising the arm to the horizontal position, then using traction. Different authors have given it a cursory glance—in this way it has been but slightly noticed—until 1831, when Dr. W. W. Reid, of Rochester, N. Y., published a pamphlet in which he gives a full account of the process.

It is not my object here to enter into the full details, but with modifications that will enable all to understand and appreciate this easy manner of reduction, I subjoin the following brief description:

In the different structures around the shoulder-joint, in reference to dislocations, we have first the glenoid cavity, a shallow receptacle for the head of the humerus, with a narrow ledge running around it, keeping the humerus in *situ* with the aid of the capsular ligament, this ligament being thickest above and quite thin at other points, the thickness superiorly being due to the coraco-humeral ligament which keeps the head of the

humerus to its proper level; but when cut, the humerus falls near an inch, thus producing partial dislocation. The other portions of the capsular ligament—anteriorly, superiorly and posteriorly being so thin—are the places where the head of the bone makes the rents when dislocated, and so loose as to permit almost any motion within or without the joints. Now it can readily be seen that owing to this condition of the ligament mentioned, it will offer but a small amount of resistance to the luxated head of the bone when brought into close proximity to the rent made by it in its escape from the glenoid cavity. The chief muscles to be considered are the supra-spinatus, infra-spinatus, teres minor, sub-scapularis, and deltoid. Bearing in mind the origin and insertion of the above-mentioned muscles, we find that the supra spinatus raises the arm and rotates it *outward*, so that by elevating the humerus and rotating the head of the bone outwards by means of the forearm, we relax this muscle, and remove the main obstacle to the reduction of this dislocation; for we then have the anatomical head of the humerus just on the narrow ledge which is part of the glenoid cavity. The infra-spinatus will be relaxed when the bone, in addition to the above manipulation, is rotated backwards; the teres minor and deltoid will be relaxed by the same movements in axillary dislocations: but in those occurring either anteriorly or posteriorly, the arm must be held differently.

The subscapular muscle, when the arm is held in the horizontal position and the head of the bone is rotated outward, is made tense by binding against the neck of the bone; hence the resistance or limit to external rotation, which is relieved by bringing the arm down to the side and rotating the head of the bone forwards and inwards. The muscles mentioned are more or less stretched in all luxations of this joint, and hold the humerus in its false position, so that when we relax them and properly rotate the humerus we can easily pass the head of the bone through the rent made when it was forced from its articular cavity. The following manipulations make the subject clear.

1*st.* Elevate the humerus so that it may form a right angle with the body, and flex the forearm to a right angle with the arm, so that the palm of the patient's hand will present to his abdomen.

2*d.* Seize the wrist with one hand, and the surgical neck of the humerus with the other, then whilst the arm is elevated and the forearm flexed, use the forearm as a lever and rotate the head of the humerus upwards, outwards, and until the patient's hand looks upwards and a strong resistance to further rotation, caused by the tendon of the subscapular muscle, is felt.

3*d.* Now bring the elbow slowly to the side, keeping the humerus parallel with the middle line of the axilla, (that is, do not carry the arm to either the anterior or posterior portion of the trunk,) rotate the head of the humerus upwards and forwards, by reversing the motion on the forearm, until the palm of the hand shall again look downwards, bringing the elbow to the side during the latter rotation, and the head of the bone glides into its proper place.

In reducing the dislocation, when the head of the humerus is beneath the clavicle, (called by our writers the thoracic, by the French subclavicular), the first effort is made to bring the head of the humerus into the axilla, and this is accomplished by first flexing the forearm at a right angle with the arm, seizing the wrist and head of the humerus, in the manner already described, and carrying the arm backwards and upwards, as far as possible, when the bone will be found in the axillary space; then bring the arm at a right angle with the trunk, and perform the same manipulation as you would in axillary dislocation. When the head of the humerus is found upon the scapula, the forearm is to be flexed on the arm, and the wrist and surgical neck of the humerus grasped in the same manner as in the preceding dislocation; then the arm is carried forwards and upwards, as far as possible; when the head of the humerus is in the axilla and the arm brought to a right angle with the trunk, then perform the same movements, and the bone slips into its place.

In performing these manipulations it is very necessary to seize the wrist and humerus as mentioned, on account of

their being the levers with which the movements are produced. The position in which the patient should be placed, is sitting in a chair, the scapula steadied by an assistant; this will afford better opportunity for the various movements, than when in a recumbent position.

There will be no necessity for an anæsthetic, unless violent inflammation is present, caused by laceration of the muscular structure around the joint, or in *chronic dislocations.*

The Reduction of Dislocations of the Hip, by Manipulation, will be given in the next number.

NOTICES AND NEW PUBLICATIONS.

Homœopathic Medical College of Pennsylvania.—The Eighteenth Annual Commencement will be held at noon of the First day of March.—Due notice will be given of the place. It is believed that there will be a full attendance of the friends of Homœopathy in our midst and from abroad. The Valedictory Address will be delivered by Ad. Lippe, M. D.

Dr. Casanova's Contribution to Physiology and Medical Jurisprudence.—London, Headland & Co.; Philadelphia, A. J. Tafel.

This little book has attracted great attention, and commanded a large sale. We reserve for a future number, a particular examination of some of its theoretical innovations.

On Wakefulness. With an Introductory Chapter on the Physiology of Sleep. *By Wm. A. Hammond, M. D.*, late Surgeon General U. S. Army. Philadelphia, J. B. Lippincott, 1866.

A particular examination of the themes discussed in this beautifully printed monograph will appear in a subsequent number of the *Monthly.*

Cholera.—A Lecture delivered at the Homœopathic Medical College of Pennsylvania. By Ad. Lippe, M. D. *Published by the Class.*

In this address of twenty-four pages, the history, infectiousness, symptoms, statistics of comparative (Allopathic and Homœopathic) treatment, therapeutics and indications for the principal Homœopathic remedies, are briefly set forth. Physicians desiring large or small quantities for circulation, can address their orders to A. J. Tafel, 48 N. 9th St., Phila.

NOTICES AND NEW PUBLICATIONS.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL, No. 2. C. S. Halsey, Chicago.

The second number of this new Homœopathic Quarterly makes its appearance in good season and contains a number of interesting papers. The Medico-Botanical articles of Drs. Hale and A. E. Small,—the former from the Proceedings of the American Institute, the latter on Senecio aureus, with an engraving, - are deserving of special attention. A thorough proving of some of the principal indigenous plants and popular remedies of different parts of this country, will greatly aid in curing some forms of disease which may be peculiar to the same sections. For, as in those regions which are infested by noxious serpents,* may be found the antidotes to their poisons—so in each miasmatic district, for instance, we might expect to find among its flora, the true Homœopathic remedies for its periodic diseases; and the first step in this direction is Botanical.

Here in this great field of the Materia Medica, is room for all earnest workers; work suited to each one's peculiar turn of mind. To those whose inclinations turn them that way, the more profound exploration and analysis of the already proved and best known remedies offer a wide and fruitful field. To others the imperfectly proved medicines are far more attractive; and such will feel a laudable pride in showing by the rich results of their own provings, how much has been left undone by their predecessors. While others again, more enthusiastic still, desire at the same time to distinguish themselves, extend the boundaries of medical knowledge and promote the best interests of humanity, by introducing new and invaluable remedies from the hitherto unexplored material furnished by organic and inorganic nature. In all labor there is profit; and that profit is great, just in proportion to the intelligence and scientific accuracy with which the work itself is directed.

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*Thus in Chili, Peru, the Brazils, Columbia, and other districts of South America, which are infested by poisonous serpents, *Trigonocephalus flavescens*, of *Cuvier*), the *Mikania Guaco*, is found to be completely efficacious against them all with a single exception. This kind of snake against the poisoning of which the Guaco is found to be useless, is of a lively green color, about three feet long, the *Unuca Machacaya*. Compare *London Lancet* 1839, p. 497, and *Griffith's Medical Botany*, p. 392.

PROCEEDINGS OF THE EIGHTEENTH ANNUAL MEETING OF THE AMERICAN INSTITUE OF HOMŒOPATHY, held in Cincinnati, June 7, 1865,—*G. D. Beebe*, M. D., Chicago, Illinois, General Secretary.

The report of the proceedings of the last meeting of the American Institute, as published in the daily journals, at the time, and subsequently copied in the *Monthly*, our readers have already seen. This official report is handsomely printed, and contains the most of the Reports of Committees, Memorials, &c., which were presented to the Institute.

The Annual Address, by Dr. Wm. W. Rodman, of New Haven, Conn., is a well written and interesting discussion of the "disputed territory" between Homœopathy and Allopathy; and is not only worthy of being carefully perused by the profession, but also of extensive circulation among the people.

On account of the war, and the consequent suspension of the meetings of the Institute, no concerted action was possible among the different members of the Central Bureau for the Augmentation and Improvement of the Materia Medica. And we have from Wm. E. Payne, M. D., of Bath, Me., a Fragmentary Proving only of the *Saponaria officinalis;* a Report on Whooping Cough, by C. Neidhard, M. D.; on Compound Dislocations of the Long Bones, by S. R. Beckwith, M. D.; a Medico-Botanical Study, by E. M. Hale, M. D.; a Communication from T. S. Verdi, M. D., of Washington, which we shall try and find room for in our pages,—and sundry reports of societies, a Memorial by Carroll Dunham, M. D., on Hahnemann's Organon, &c., make up the bulk of the reading matter.

The Necrological portion of the Report, contains obituaries of *Wm. A. Gardiner, M. D.; Wm. I. Church, M. D.; Gustavus Reichelm, M. D.;* and *B. C. Macy, M. D.*

The names of forty-four physicians are published, as having been elected members of the Institute. The whole list of members contains 559 names; of which 69 are marked with a * as having deceased,—another, Dr. H. Duffield, deceased since the meeting of the Institute, should also be so marked,—and we have remaining 489 members still living. The next meeting of the Institute will be at Pittsburg, Pa., on the first Wednesday of June, 1866.

Erie County Homœopathic Medical Society.—The regular annual meeting of the society, was held in the City of Buffalo, on the 3d of January, 1866. Doctor A. R. Wright, in the chair.

The election of officers for the ensuing year, resulted as follows:

For President—A. R. Wright, M. D.

For Vice President—R. R. Gregg, M. D.

For Secretary and Treasurer—H. N. Martin, M. D.

For Censors—Doctors R. R. Gregg, L. M. Kenyon, A. C. Hoxsie, George W. Lewis, and Lyman Bedford.

Committee on Voluntary Contributions—Dr. Kenyon, on "Cholera;" Dr. Gregg on "Dysentery;" Dr. Wright on "The prevalent Diseases of the past Autumn and Winter;" Dr. A. S. Hinckley on "Tonics and Stimulants;" Dr. A. C. Hoxsie "A Case in Practice;" Dr. Martin on "Whooping Cough."

Report of the First Annual Meeting of the Iowa Homœopathic Medical Association, held at Davenport Iowa.

From the Secretary, E. A. Guilbert, M. D., we have received this report of the first Homœopathic Association in the extreme far West.

The Inaugural Address, by Dr. Guilbert, now Professor of Pathology and Therapeutics of Infancy and Childhood, in the Hahnemann Medical College, on the Hero as Physician, is an unusually able and interesting production; Harvey, Jenner and Hahnemann are the types; and the biographical notice of the founder of Homœopathy is one of the most spirited and concise, that we have ever seen.

May we not hope soon to see the report of the second meeting of this Association?

Materia Medica.—Our readers will notice that in the publication of some of the Provings from Dr. Hering's Materia Medica, which we resume in the present number,—the Cobalt is concluded, and Zingiber begun.

The next remedy will be Badiaga; and those who have any provings, or other material respecting this medicine, are invited to contribute them so as to render the present notice as full as possible. Contributions of this sort which may be sent on by the 15th of March, will be in season for incorporation; and due credit will be given for all such communications,—which should be directed to C. Hering, M. D., 112 North Twelfth street, Philadelphia.

THE

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VALEDICTORY ADDRESS,

Delivered at the Eighteenth Annual Commencement of the Homœopathic Medical College of Pennsylvania, March 1, 1866.

BY ADOLPH LIPPE, M.D.,
Professor of Materia Medica.

LADIES AND GENTLEMEN:

You have assembled here to witness a public act. The PRESIDENT of the Homœopathic Medical College of Pennsylvania will grant the degree of Doctor of Medicine, and especially of Homœopathic Medicine, to the candidates presenting themselves for that purpose to-day.

And the FACULTY of the Homœopathic Medical College have charged me with the honorable duty of giving their congratulant farewell Address, to the gentlemen whom they have had the pleasure of instructing,—who have complied with the conditions prescribed by our charter, and who are now to become members of the Medical Profession.

Conferring the degree of Doctor of Medicine, and especially of Homœopathic Medicine, upon these gentlemen, is a public act of which you will be the witnesses. And in this public act you will also be participators. For these degrees are granted, only by authority derived from the people of

whom you are a part; this authority having been conferred by charter upon this corporation by the people, through their representatives in the Legislature of the State, assembled on the 19th day of February, 1865.

One hundred years before this charter was obtained, one similar, and the first medical charter in the United States, was granted to the University of Pennsylvania, an institution still in existence. In subsequent years, the increasing population of the country, and the consequent increasing demand for more physicians, have led to the granting of other charters, and to the establishment of other and similar institutions, in this and in other States.

All the charters of the Medical Colleges in the United States were granted by the people, and had for their original object the promotion of instruction in the Healing Art, *for the best good of the people themselves.* Neither the charters, the colleges, nor the corporations were for the Medical Profession. But colleges and corporations, institutions of professional learning, and all the professional members themselves, were alike of and from and for the people!

Thus the diplomas conferring the degree of Doctor of Medicine were not to be regarded as badges of rank above the people,—not as the titular designation of a privileged class,—not as the *star and garter* marks of a professional nobility; but merely as proofs that their holders had complied with the requisite conditions of instruction. These diplomas were simply intended as certificates that their possessors were endowed with the requisite knowledge of Medicine; and that they had acquired this knowledge under the teachings of the Faculty thus testifying to their qualifications.

They were intended to serve the people as safeguards against ignorant and therefore unsafe practitioners of Medicine. Thus the Medical Colleges were founded and endowed with the power of conferring degrees, *by the people for their own good.* And the diplomas themselves were not so much the badges of a privileged order, as they were waymarks to guide the people to those whom they might trust.

The practice of Medicine was not formerly, and is not even now, an exact Science. It was and must ever remain an Art. It is indeed basedupon natural laws; but the practical application of these laws to the cure of disease is necessarily more or less imperfect. So that while in the healing art great improvements have been made in the past, and in our own day, there will ever remain room for still further improvements in the future.

Samuel Hahnemann made known to the world the fact that *immutable natural laws could be applied to the cure of diseases,*—that these had always existed, although unknown or disregarded. And he laid down practical rules for rightly applying these laws. But no sooner had he announced his grand discovery in the *Science of Medicine,* and proposed and practically illustrated his wonderful improvements in the *healing art,* than a most malignant and vindictive storm of opposition was raised against him in the Medical Schools of his day.

That such should have been the case in monarchical Europe, where the voice of the people was of no avail, would not surprise us, still less will it surprise posterity. For such a course was in exact accordance with the aristocratical spirit of the political and professional institutions of those countries. For even the professional schools were political institutions. And they were all controlled for the chief good, not of the people, but of the privileged classes. Thus the people were not consulted as to what should be taught in the Medical Schools; and were compelled to submit to medical authority and medical treatment, not of their own choosing. And in many instances they could as little escape employing and submitting to the parish doctor, as they could subsequently escape being buried by the parish priest.

These Medical Schools being thus in no way responsible to the people, and deriving no authority from them, could only follow the example of the arbitrary authorities from which they derived at the same time their organization and

their support. And this example was as *intensely conservative* in professional treatment and principles, as it was *aristocratical* in its personal tendencies. Thus the Medical Schools of these monarchical countries were naturally as much opposed to progress in Medical Science and to improvements in the healing art, as their kindred political institutions were opposed to the extension of knowledge and of freedom among the people. Hence they refused to change their course of instruction,—excluded Homœopathy from their halls of learning, and persecuted and punished those who practiced upon its principles and dispensed its medicines.

In more modern days a change has taken place in this respect. Now the necessity of teaching our progressive healing art has become apparent; since many of the higher nobility, and even no small number of crowned heads have made themselves known as its adherents. In Austria and in Spain the authorities have opened the Medical Schools to us, and appointed professors for the purpose of teaching Homœopathy; and we may now look forward in the confident expectation of seeing, at no distant day, the study of Homœopathy, made one of the indispensable requisites of candidates for the degree of Doctor of Medicine in all the Universities on the Continent of Europe.

In England the Allopathists appealed to the people at a general election, and attempted to prevent the return of two gentlemen as Members of Parliament, because they were Homœopathists. But the result of the election showed that the people did not consider Homœopathy a sufficient ground for exclusion from public office. No longer ago than the year 1865, Captain Grosvenor, for Westminster, and Colonel Hughes, for Lambeth, were bitterly objected to, and their constituents informed that they were unfit to represent them, *because they were Homœopathists!* The organs of this allopathic opposition were the Lancet and British Medical Journal, aided by Punch, the mouthpieces of the aristocratical school in Medicine.

But this opposition was severely rebuked, and this allo-

pathic appeal to the people was decidedly rejected, since both these gentlemen, accused of Homœopathy, were returned to Parliament by handsome majorities. The great offence which roused the wrath of the Lancet after the election of Captain Grosvenor, was that Lord Grosvenor, his father, from his place in the House of Commons, had called for the Reports of the Homœopathic Practitioners and Hospitals; these reports having been withheld by the committee appointed to ascertain the results of the various modes of treating the cholera which prevailed in 1854.

In reply to this call from Captain Grosvenor, the Medical Council returned the following resolution: "Resolved, That by introducing the returns of the Homœopathic practitioners they would not only compromise the value and utility of the averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice, alike opposed to the progress of Science and the maintenance of truth." The reports so unjustifiably withheld were published in a second Parliamentary paper. By these reports, which the allopathic officials had shown themselves so unwilling to have made known to the people, it was shown that the mortality under allopathic treatment of cholera was 36 per cent.; and that at the same time the mortality under Homœopathic treatment of cholera was but 16 per cent. And let it be borne in mind that these reports could not be denied, since they had all been verified by the Allopathic Medical Inspectors. Is it to be supposed that the allopathic officials would have opposed the publication of these reports had they favored Allopathy instead of Homœopathy? Would they not have paraded them everywhere in triumph?

Thus it happened that the Medical Council, with the President of the College of Physicians at their head, could no longer hide their ignorance of Homœopathic treatment; and could no longer pretend ignorance of its greater comparative success. Nor could they any longer withhold from the people the statistics which would enable the people themselves to in-

stitute a comparison between the two modes of Medical treatment. Nor could they any longer escape the charge of having, in the interest of Allopathy, betrayed the trust reposed in them by the people. No longer could they deny having attempted to sacrifice the interests of the people at large, to promote the aggrandizement and maintain the dominant and domineering position of their aristocratical Medical Class. They could escape none of these consequences of the unexpected failure of their nefarious attempt to withhold most important public information from the public. But ten years later we find them incapable of learning a lesson of wisdom from their former folly, and still more foolishly attempting to persuade the people to reject the son, because the father was instrumental in exposing their own selfish betrayal of the trust reposed in them by the people themselves. But they succeeded in this case as badly as in the other. And in view of the failure of their original attempt at fraudulent suppression of the truth (fraudulent because based on false pretences), and in view of the signal failure of their recent attempt to punish those who exposed their first, it is highly probable that these high and aristocratical Medical officials are now employing themselves in seriously considering *whether honesty is not the best policy!*

In the United States, where the authority to teach, and to grant the degree of Doctor of Medicine, comes solely from the people, and has been conferred upon the corporations by the people for their own good, the opposition to Homœopathy has been still more determined. Feeling that their craft was in danger, and conscious that they had no actual and final support, except in public opinion, the Faculties of the different Allopathic Medical Schools have undertaken to crush Homœopathy. They have aimed at nothing less than to prevent it from becoming known to the people by experience. And by ridiculing its theory and at the same time excluding its practical development, they hoped to be able to prevent it from supplanting the old methods of medical treatment in the confidence of the community.

These corporations have not only refused to teach Homœopathy themselves, but they have attempted to proscribe it altogether. They have again and again refused to grant the degree of Doctor of Medicine to candidates known to possess a knowledge of Homœopathy or who were deemed likely to embrace this system, however well qualified to practice medicine they might prove in all other respects. And some of these Medical Corporations even now assume to grant the degree of Doctor of Medicine only with the proviso that the candidate shall pledge himself never to practice Homœopathy, and that his degree shall be declared null and void in case he breaks such pledges.

The people of the United States had a right to expect that the Medical Schools, which received from them all the authority to teach Medicine which they possess, would willingly accept an improved system of Medical treatment, or, at the very least, refrain from violently opposing it. But the event has failed to justify such reasonable expectations. And since these chartered corporations have thus allowed themselves to forget that all their authority came from the people, and was conferred only that *it might be used for the popular good,* the people themselves have been compelled to interfere; and they have been obliged to pursue such a course as would best indicate the folly of these bigoted corporations, in supposing that their arbitrary and interested conduct could hinder the improvement or retard the progress of the healing art.

Medicine was to be practiced for the benefit of the people; and not maintained as an exclusive monopoly for the advantage of a particular class. Thus the people had a right, and they availed themselves of that right, to inquire into the real merits of a Medical System so arbitrarily and so unceremoniously rejected by those in whom they had hitherto trusted, and upon whom they had, in times past, conferred such important privileges.

Under such circumstances, this dictatorial conduct of the Medical Schools, in refusing to graduate well qualified

candidates, *because* they were Homœopathists, could not but meet with a most decided rebuke from the people. This rebuke was therefore as well deserved and just as it was severe. And to render it the more practically effectual, the people have granted to the followers of Hahnemann the same rights and privileges which they had previously conferred upon the earlier Medical Schools.

Hence the Homœopathic Medical College of Pennsylvania acts under the same authority, equal in amount and originating from the self-same source, with that vested in the other Medical Corporations. And the Degree of Doctor of Medicine here conferred is as truly valid as that of any other Medical College in the country. And in addition to the knowledge of the Science and Art of Medicine in general, which our diploma certifies to as amply as any other, it proves that its holder possesses also a competent knowledge of the principles and practice of Homœopathic Medicine.

Since Medicine is to be taught and practiced principally for the benefit of the people, it becomes the interest, right and duty of each individual citizen to inquire into the comparative merits of the various Medical Systems, and to choose between them for himself. And in this most important respect we differ from those of the Old School, who contend for what they consider the exclusive privileges and vested rights of an established craft, and who hold that the people have no right to inquire into the mysteries of Medical Science; that they themselves have all the right to command in the premises, and that the people have only the right to obey,—the sole privilege of implicit, unquestioning submission.

Such a course as this, one so entirely inspired by purely aristocratical principles, however appropriate it might appear in a Monarchy, is out of place in a Republic, and insulting to its citizens; as if they did not know their rights, or knowing, did not dare maintain them.

The Homœopathists on the contrary, both teachers and practitioners, appeal to the people and invite investigation.

We contend that in the civil Republic, as well as in the Republic of Letters and Sciences, every person has equal rights and privileges. And that it is as much the duty as it is the interest of each one to seek for himself the truth in Medicine, as in Politics. The Allopathic School fears investigation; we solicit it. They wish to dictate to the people, to control them in their choice of Medical treatment; and wherever they have the power, they throw all possible legal hindrances in the way of all others than themselves, striving with all their might to compel the people to come to them as the only authorized practitioners of the healing art. We desire the people not to be thus controlled, but, in the utmost freedom and in the fullest light of intelligence, to choose their Medical treatment for themselves. We desire them to hear and examine for themselves, knowing that ever after they will all the more firmly hold fast to that which they find good.

Revolutions never go back! And the Allopathic School will never be able to stay the progress of Medical improvement and reform. With the wish as father to the thought, they have again and again predicted the decline and fall of Homœopathy. But unfortunately for them, Homœopathy not only still declines to fall, but goes on extending in influence and increasing in strength. In the New World, it grows with the growth and strengthens with the strength of freedom and intelligence. Were we inclined to act the prophetic part, we might as easily, and with far more reason, announce the decline and fall of Allopathy! But it is foreign from our wish to bandy such sinistral compliments! But this much we do most unhesitatingly say, that the measure of vitality which the Allopathic system manifests at this day is in no small degree due to its real though unacknowledged compliance with the principles of the Homœopathic School, and its adoption of the Homœopathic medicines and mode of treatment. In fact, had not the Allopathic School yielded in a great degree to the medical reform inaugurated by *Hahnemann*, the Prince of Medical Reformers, it would

long ere this have been swept away by the whirlwind of public opinion. Thirty years ago bleeding and salivation, calomel and the lancet, were the acknowledged sheet-anchors of the allopathic ship of state. Now few of her professors are bold enough to advocate their cause in public! While in the quantity of drugs administered, the change made in allopathic practice, in yielding to the irresistible influence of medical reform, is no less remarkable. Formerly the largest possible doses were given; and the more heroic the treatment, to use their own term, the more highly it was commended, irrespective of its results. Now the fashion is all the other way; and you will hear the friends of allopathic physicians extolling them, *as claiming to give very little medicine!*

Hitherto the influence of Homœopathy on the Allopathic system,—which is so palpable to the people, and which in reality is all that has preserved the old system from utter contempt,—has been entirely unacknowledged on the part of the allopathic professors themselves. But in the nature of things this cannot always continue. The time is coming when the Allopathic Schools will be compelled to teach, as accepted truths, the great therapeutic principles which Hahnemann announced to the world, and for which he was persecuted, literally compelled to flee from city to city. And even as in Leipsic, the city from which he was driven in disgrace as a medical reformer, they have now erected a splendid monument to his memory, so in the allopathic colleges, in which his name and principles have been a byword and a reproach for years, they shall yet be held up to the admiration and acceptance of future generations of Medical students. Revolutions never go back; and as in the past the Allopathic Schools have been obliged to modify their practice in accordance with the great change in public sentiment which resulted from the influence of Homœopathic success in healing the sick, so will they eventually be compelled to adopt the principles upon which all that success is founded.

Gentlemen of the Graduating Class:—You present yourselves here to-day, to receive in public the Degree of Doctor of Medicine, and especially of Homœopathic Medicine. The Degree conferred upon you to-day endows you with certain rights and privileges; and with these you assume also some corresponding obligations.

The Faculty who have had the pleasure of instructing you, and who have testified that you have acquired the knowledge requisite to enable you to enter upon the practice of medicine, are no less solicitous for your future welfare, than they have been to guide you aright while preparing yourselves for the responsible position you are about to assume. And the remembrance of the many pleasant hours your teachers have spent with you, will be rendered more and more grateful, year by year, as they learn of your success in the noble profession you have chosen.

You are now about to enter upon the active practice of Medicine; to become working members of the Medical Profession. And your Degree confers upon you all the civil rights and privileges which legally pertain to the Doctor of Medicine. The laws of the land now authorize you to ask for a license to practice Medicine; to testify as Physicians, in questions of medical jurisprudence before the courts; to give certificates requiring the signature of a Doctor of Medicine; and to perform all other acts which are necessary to be done by a medical man. You are legally as eligible to all offices held by medical men, as are the graduates of any other medical colleges chartered by the people, through their Legislatures.

These civil and legal rights have not always been accorded to the graduates of this or any other Homœopathic Medical Colleges, or to the Physicians who have become Homœopathicians. In the Army and Navy of the United States, the professed Homœopathician has been refused examination; and the Allopathic practitioners have manifestly shown themselves afraid to admit the members of the Homœopathic School as competitors in healing the sick.

The temper and disposition of the physicians of the Old School, holding public offices by appointment, has been bitter, vindictive and unjust. Homœopathicians have been by them persistently refused examination for employment in the public service. And where any such have been discovered among the Physicians and Surgeons of the Army and Navy, they have been dismissed as soon as possible, on one pretence or another. But the Allopathic officials have done far more than trample upon the individual rights of the Homœopathic portion of the profession, in thus denying them the privilege of serving their country with their best abilities, in her hour of sorest need. The enormity of the tyranny exercised upon free-born American citizens, by men clothed with a little brief authority, can scarcely be believed! But it is none the less true, that they prohibited the voluntary citizen soldier from choosing the kind of medical treatment in which he had most confidence. Nay, more than this; these arbitrary medical tyrants showed in the Army and Navy, where in time of war they had exclusive sway, just what they would do in the whole country at large in time of peace, if they had but the power. They *compelled the sick and suffering soldier to submit to such* medical treatment, in innumerable cases, as he utterly abhorred, and such as he knew would prove permanently ruinous to his health, if it did not actually destroy his life. If the citizen soldier, who had voluntarily taken his life in his hand to serve his country, declined to swallow the massive doses of calomel and quinine which were ordered for him, such conduct was considered a grave act of military insubordination! little less than a crime! In point of fatality, the wounds received on the battle-field from minnie rifles, and cannon and bursting shells, the casualities of "the imminent deadly breach," and exploding mines, were as nothing compared to the ravages of Camp Fever and Typhus. But I think I am far within bounds when I solemnly affirm my conviction that these and other diseases incident to the soldier's life, were rendered four-fold more fatal by the relentless system of

dosing and drugging with which they were treated in the camps and hospitals. What chance had the poor, exhausted soldier, worn out with forced marches, debilitated still more by loss of sleep, and his whole system diseased by unhealthy food, what earthly chance had he to survive a system of drug medication, or rather drug poisoning, which would have brought a well man to death's door? Not the ghost of a chance; as witness the unnamed hillocks which, through the far South, mark the last resting place of tens of thousands of "the unreturning brave" who never saw a battle! And for all these things shall the enlightened people of this country hold those who have been guilty of them to a strict account. The reaction from such tyranny, in the population of a country so vast as this, can scarcely be expected to develop itself at once. But it will none the less truly come; and it will be most severely felt.

Upon what pretext the graduates of a Homœopathic College have thus been set aside, we know not. Much less upon what pretence, those possessing the required qualifications of medical officers, and holding commissions as such, have been prevented from doing what they thought best for those under their professional charge. But this much we do know, that the entire community, the people at large, have been grossly insulted by the arbitrary conduct and unjust regulations of those intrusted with the management of the Medical Department. In this free country, where the Constitution especially guards against mental oppression, and where religious liberty is a fundamental principle, we have been compelled to see a class of men undertake to dictate in the most arbitrary manner how the sick and wounded should be treated. As if the citizen soldier had no personal rights, which medical men were bound to respect. This must not be permitted to occur again. Freedom of choice in medical treatment must be made as sacred, as inalienable a right to every citizen, whether soldier or not, as is his liberty to worship God according to the dictates of his conscience.

It is for you and for all of us to resent such flagrant insults,

which are aimed not against the poor soldier alone, but against the whole body of the people, of whom the soldier is still a member. For the same principle involved belongs to the whole as well as to the part; and this oppressive treatment of the few under their control, but too plainly indicates what such men would do with the many, with the whole people, had they but the power in their hands.

It is for you and for all of us to appeal to the people; and by all just and legal means to correct these evils, and prevent such illegal and unconstitutional assumption of authority in future.

The people, who authorize this corporation to confer upon you the rights and privileges pertaining to the degree you here receive, will most surely see to it that you enjoy these rights and privileges without molestation. And if any of the public servants of the people, forgetful of their duty, abuse the power entrusted to them, to set aside the decrees of the people, and trample upon your rights, you will have your legal remedy. And you must take care to use it; for this matter is not confined to the public service of the United States. The rank and file of the allopathic forces have followed the bad example set them by their leaders in the Army and Navy and in the corporate Medical Schools of the country. Even the State and County Medical Societies pretend to ignore our degrees, thus arrogantly setting themselves up above the people, and undertaking in the most insolent manner to refuse compliance with the laws of the land. By so doing they ignore not alone the right of Homœopathic physicians to practice Medicine; but they no less certainly attempt to ignore the right of the people to employ these physicians. Nay, more than this, ignoring the already existing charters of Homœopathic Medical Colleges, they seek to dictate to the people and to tell them they shall grant no charters to Medical Schools save their own. This is the tendency of the entire Allopathic School; and if its members have not fully succeeded in all this, it has not been from want of will or of effort on their part.

But this domineering, oppressive and despotic conduct is carried much farther, and rendered still more odious, when these Medical Societies, in combination with their parent Allopathic Schools, undertake to ignore their own Medical Degrees, when their holder becomes a Homœopathist. Such injustice and oppression is as gross as it is unparalleled. For these Medical Schools assume that persons whom they have instructed, whom they have publicly declared to possess the knowledge and qualifications requisite for the practice of Medicine, and upon whom they have accordingly conferred their degrees, become dispossessed of the requisite knowledge and unqualified to practice medicine, as soon as they prove themselves intelligent enough to appreciate and manly enough to acknowledge an improved and progressive system of medical treatment. And the individual members of the Medical Societies attempt to carry out these decrees of their Autocratic Collegiate Chiefs. And both parties, in thus joining hands in this iniquitous contract, are engaged in an attempt to destroy the rights of individuals and of communities. An attempt which, as it is instigated by the supposed interests of the few, and directed against the public and inalienable rights of the many, deserves to be held up to public contempt, as a crime against Liberty! Let me not be misunderstood in this connection. We are not complaining. When we numbered but three hundred Homœopathic physicians, we asked no favors; still less do we ask them now, when we number from four to five thousand. If our Homœopathic practitioners desired to go into the Army and Navy of their country, it was from no motives of personal interest; but they were anxious to sacrifice personal comfort and pecuniary interests, in order at once to serve their country and the great interests of our common humanity, by rescuing our poor soldiers as far as possible from an insidious internal foe of drug poisoning, more dangerous and fatal than the common enemy without and the still more common disease within the camp. Such was their avowed object. And because the allopathic authorities of the Medical De-

partment both knew this, and feared lest the Homœopathists might prove successful in exposing the notorious abuses and destructive methods of the *regular treatment*, they conspired together to exclude them from the public service.

It is not the Homœopathic system which is asking favors. The regular Allopathic system did not and does not now dare to allow a fair, open competition. It is not we who are making complaint in this matter. If we have appealed to Cæsar, it is for Cæsar's sake. We appeal to the people, in the interests of the people themselves. The time has long gone by when, if ever, we could have asked favors, even for humanity's sake; now we would not accept even offered favors. But conscious of our strength, and of the justice of our cause, of the cause of the people, in fact, we demand equal rights, everywhere and in all respects, and that a thousand times more for the sake of the people whose agents and servants we are, than for our own sake.

And the corporate Colleges and Medical Societies which have thus conspired together against the rights of the people will be held by the people themselves to a strict account.

And it is for you and for all of us so to employ our superior mode of treatment in practical illustration of the great principles of Homœopathy, as to prove to the people that we are truly public benefactors. It is for you and for all of us so to use the rights and principles conferred upon us by the people, as at the same time to honor their confidence in us, and command their respect and their acknowledgment that we appreciate the free institutions of this Republic more correctly than do its representatives of the Allopathic School. Whatever course the opponents of our progressive system may pursue, your legal rights are secured.

From the very nature of the Allopathic system, from the exclusive aristocratical spirit which has always animated it, you must expect just such opposition in the future as we have ever experienced in the past. This should but stimulate you to put forth the more strenuous efforts to make yourselves pre-eminently successful in your private practice.

This should but serve to fill you with the stronger determination to prove yourselves public benefactors. It is thus you will most surely render futile all allopathic opposition. It is thus that you will enable the people to *believe in Homœopathy with reason*, as they see, in your constantly increasing success in healing the sick, a *constantly increasing reason for their belief*.

I have given you an insight into the animus of the allopathic opposition to Homœopathy. But such motives as I have portrayed, could not of course be openly avowed, even were they consciously recognized. Nor would I attribute any such unworthy motive as fear to any class of persons, had they not manifestly shown fear—fear of submitting their system to open, fair competition. None are so blind as those who will not see; and if the allopathic professors honestly believe their system to be more successful in treating disease than ours, why have they shown themselves so constantly and so bitterly opposed to fair competition? Unwilling then to give the true reason which animates their opposition—unable to satisfy the people that our System is not far more successful in healing the sick and in saving life than theirs, they try to turn public attention from the substantial merits of the question. And since they cannot put down Homœopathy by argument, and by the results of experience, they attempt to give it a bad name! Homœopathy, they say, is *ridiculous!* For all their elaborate reasoning and profound mathematical calculations, stripped of their customary verbiage, amount to this, and nothing more!

When a new discovery in the arts, or a new development in science appears, which we do not understand, it is indeed very easy to call it ridiculous. But what does this amount to? What in fact does it indicate, beyond the ignorance of those who employ such terms, and their unwillingness or inability to learn?

The Indian, who for the first time saw the telegraph wire, listened with incredulity to his white brother's explanation of its use; and even when shown in the office the working of

the machine, exclaimed, "Ridiculous! impossible!" But he accepted an invitation to test the merits of this mysterious apparatus. He sent a message to the chief of his tribe, then on a visit to the Great Father at Washington, and received an answer in a short time. Then he believed; although he could not understand the natural laws which are connected with the Telegraphic System. Would that the Allopathic Professors could be induced to learn a lesson of candor from the son of the forest—and give Homœopathy a fair, practical trial. Then we should hear no more ridicule. For then, like the Indian, they would be compelled to believe in the reality of the system, even if they did not fully understand the principles on which it was founded.

Gentlemen—By the acceptance of the Degree you receive to-day, you incur certain obligations, on the fulfilment of which depends your future welfare and success in life. In addition to the common Degree of Doctor of Medicine, you receive and accept also the Degree of Doctor of Homœopathic Medicine. If your instructors have fulfilled their duty and honored the confidence reposed in them by the corporators of the college, you have been taught all the branches of Medical Science in general, and also Homœopathy in addition to these. And if from the recommendation of your instructors, you now receive the Degree of Doctor of Homœopathic Medicine from the agents of the people, the people themselves will have a right to expect that you will give them sound Homœopathic treatment. Your individual success will be the best if not the only test of the faithfulness of your teachers and of the correctness of their instructions. The reputation of this college will depend upon your skill and personal success in applying in practice the precepts and principles which you have learned within its halls. For, in truth, Homœopathy is eminently a practical system, nor could its principles be deemed reliable if they could not be confirmed in actual practice.

You are about to become members of a liberal Profession, to enter the Republic of Scientific Medicine. Here you will

find true liberty. But liberty is not license, or disregard of law or order. The highest freedom is consistent with, is inseparable from, the highest order or the most perfect obedience to law. As Homœopathicians, you become endowed with certain liberties, and you must consequently be governed by some corresponding laws. The violation of any of these laws or fundamental principles, is license, violation of order, abuse of liberty.

In accepting the Degree of Doctor of Homœopathic Medicine, you at the same time accept certain fundamental principles, radical doctrines, or laws of medical order. These principles have been taught you with an unvarying unanimity, by each and every member of the Faculty. Never before has the Faculty of a Medical School more uniformly inculcated the same doctrines in Medicine. Nor could such harmonious agreement have been possible in these essential principles of Medical Science, had they not been confirmed by much practical experience during a long course of years.

As Homœopathicians, we are agreed that in the selection of the curative remedy for the sick, we must be governed by the *law of the similars*—and that we can acquire a sound knowledge of the action of Medicines, only by the study of their provings upon those in health. We are also agreed that the similar remedy must be given *singly, by itself*. And finally, we are agreed that the similar and single remedy must be given in the *minimum dose*. That is, in the smallest dose which may be sufficient to effect the cure in the individual case. And as Homœopathicians, we are not at liberty to violate either of these three fundamental principles. In fact the violation of either one involves the rejection of all; for they constitute an essential trine, an inseparable unit.

Upon the banner under which you now enter the contest, you see inscribed: The Law of the Similars; The Single Remedy; and the Minimum Dose. This was the banner unfurled by Hahnemann. Under this banner his disciples have gained unparalleled success. And this same banner, if you but follow it faithfully, will most assuredly lead you

to victory over disease, and to triumph over your opponents.

That the fundamental principles inscribed upon this banner have not been acknowledged by all men, must not surprise you. Other great truths, similarly based upon natural laws, have been promulgated, which have not yet been generally accepted. As a people who have chosen a Republican form of Government, we are in a minority among the nations of the earth. But has not our national experience been that of success unparalleled in the history of the world? Has not our Republican form of Government manifestly produced the greatest amount of prosperity and happiness to the many? Has it not shown itself capable of repelling foes from without and of subduing those from within? Have not the free citizens, the children of the Republic, proved themselves amply competent to maintain its institutions and confirm its stability, through the darkest and most trying seasons? Why then is not this great, fundamental principle everywhere acknowledged? Simply because there are royal families and privileged classes, whose claims are paramount to those of the people. These are the ruling orders; and so long and so far as they have the power, they will combine to prevent the adoption of the principles of free government in the nations. So in the medical world, the Allopaths have been the ruling class; and just so long and just so far as they have the power, will they conspire to prevent the introduction of improvements and progressive medical principles. Just so long and just so far as they have the power, have they shown themselves opposed to that perfect freedom of choice by the people, which would follow a fair and honorable competition of the old medical system with the new. As the Republican principles of free government are not adopted in many of the nations, because it is the interest of a small but powerful minority of the people that they should not be—so the most beneficent discoveries and fundamental principles of Medical Science are not generally accepted, because it is the interest of a small but influential

minority of the people, that they should be rejected and denied.

And even within our own ranks, there are those who fail to realize the fundamental importance of the three great principles which are inscribed upon our banner. Honest sustainers, enthusiastic admirers of Homœopathy as many of this class are, their support of the new system is too often inspired by zeal without knowledge. From the very earnestness of their desire to conciliate, to please all parties and so make Homœopathy popular, they are sometimes led to the fatal step of compromising its principles. Homœopathy is nothing, if not founded upon the necessary, fundamental principles of our nature.

Within the grand old historical building, near where we are to-day, the Revolutionary bell sounded forth the glorious news of the Declaration of Independence, based upon the Natural and Divine Law, *all men are created free and equal.* But even in this free, intelligent, Christian nation, it has taken almost an entire century to realize the full import of this great principle. There was a tacit compromise; and in the Constitution of these United States were sown the seeds of life and death, of freedom and of slavery! The tares and the wheat grew up together till the season of harvest. And we have seen the Angel of Death marshal his myriad forces on either side—forces which, through long years of blood and agony, have gathered and gleaned that awful harvest!

Let us then beware how we tamper with the essential, the fundamental, natural principles on which Homœopathy is founded. To compromise on these principles, is to undermine the very foundations of the system; and to replace them with elements whose internal development will most assuredly prove far more destructive than all the assaults of foes without. Let us be patient;—in upholding our standard;—in faithful adherence to the legends emblazoned upon its folds. Let us be true to the laws of Nature, and the God of Nature will be true to us.

As the great Republic, we address ourselves to the nations

of the world,—neither pressing our superior institutions upon their attention, nor yet allowing them to dictate to us,—but simply holding up for their inspection the successful results which follow the adoption of the natural and fundamental principle of Self-government. So, as Homœopathists, we neither demand attention, ask for favor, nor yet will we allow our rights and the rights of the people whom we represent to be infringed. In the Republic of Medicine we are at once the opponents of exclusive privileges, the upholders of freedom, and the representatives of the people. We but appeal to the people through our works; and ask them to judge of the merits of our system by the simple standard of the beneficent results which it secures to them.

As a Republic, we shall finally see our example followed by the other nations; see them consign the shackles of the slaves, the crowns of the tyrants and the badges of the privileged classes to the museum of antiquities, there to keep company with the silver shrines of Ephesus and the mummies of Egypt!

And as Homœopathists, as the representatives of the Republican principle in the medical world, we shall finally see added to these antiquarian curiosities, the emetics and cathartics, the diuretics and tonics, the iron pills and the blister plaster, the lancet and the cupping glasses, which were the follies and the bane of former generations. And we shall see the people themselves, enlightened by the followers of Hahnemann, emancipated from their medical tyrants and oppressors, and rejoicing in the beneficent results of their newly chosen system.

Gentlemen: in order that you may well and bravely accomplish your part in this glorious work, see to it that you are not allured by the decaying grandeur of the Old School, or misled by short-sighted or pretending friends of Homœopathy to degrade our noble system, by attempting to render it acceptable to the opponents of liberty and progress. See to it that you do not undermine the cause you seek to serve,

by subjecting it to fatal compromise of its fundamental principles!

Such are the duties you assume to-day: duties which you owe to the honor of the profession of which you now become members; and duties which you owe also to the people, by whose agents you are honored as physicians. And just in proportion as you faithfully discharge these duties, will the people still further honor and confirm the acts of their agents here to-day. And while thus becoming, in the interests of humanity, the beneficent, practical defenders of the School which represents Republicanism in Medicine, you will be none the less devoted to the welfare and prosperity of this great Republic itself. May you ever prove watchful and zealous in the use of all proper means to preserve the glorious institutions of this Land of Liberty. May you ever be found ready to meet and disarm the enemies of our common country.

The first sentence in the "Organon of the Healing Art," is: "The first and sole duty of the Physician is to heal the sick." And upon the full understanding and appreciation of this single sentence depend the further understanding and correct application of principles as important, as little understood and as liable to be misrepresented, as were the principles involved in that first sentence of the Bill of Rights, "all men are created free and equal." Seek then to preserve unstained the Hahnemannian standard of Homœopathy; as this nation has proudly redeemed the glory of its flag. Support then the one as you do the other, with faithful adherence to the principles which each represents. Emblems of political as of medical liberty, they mutually strengthen each other. For where all the institutions are free, undisturbed by privileged classes, there will a free government best succeed; and where the government is free, there true medical liberty and progress will most surely flourish.

And as you will not allow a single star to be plucked from your national flag,—so neither will you permit either of the legends emblazoned upon your medical standard to

be obscured or effaced. But as you strive to add new stars to the national galaxy, so will you also seek to render these fundamental principles more universal in their adoption, and more glorious in their application. And as you prove faithful to these great principles, so will you prosper in your newly acquired profession. And as you are thus faithful and prosperous, so will you become benefactors of the people, whose trusts you accept and whose honors you bear.

And now, in my own name and in the name of my colleagues, let me bid you,—as faithful followers of the illustrious founder of Homœopathy,—an affectionate farewell.

REDUCTION OF DISLOCATION OF THE FEMUR BY MANIPULATION.

BY L. H. WILLARD, M. D.

As proposed in the last number of the Monthly, we give the treatment of reduction of dislocation of the femur by manipulation, as practised by Dr. Reid.

In dislocations of the femur we find more obstacles to be surmounted than in any other bone of the body. The acetabulum, with the well-defined ledge of bone almost surrounding its cavity, and this again surmounted by a dense cartilage, all contribute to keep the head of the femur in place. But when the bone is dislocated they all become barriers to its reduction. Before entering upon the treatment of the reduction of this dislocation, it will be well to consider the mechanism by which the head of the femur is held in its new position when dislocated. We find that the muscles, instead of being inserted into the head of the bone, (as they are in all other joints of the body,) are attached to the trochanter, nearly three inches from the head, and from this point of principal muscular insertion the neck goes off at a large

angle from the axis of the shaft. So that when the head of the femur is thrown out of its socket, the trochanter no longer stands out prominently, but being held firmly by the muscles which are inserted into its base, it is prevented from rising any more than enough to let the head out of the acetabulum; while the head and neck, slipping to one side or the other, are found lying in such a manner that the side of the head, neck and trochanter are in contact with some part of the outer surface of the pelvis; this point of contact varying of course in the different forms of luxation. Thus it will be plainly seen that in the ordinary method of reduction, not only do we have to lift the trochanter and head of the femur off the dorsum of the ilium, but also to carry it over the brim of the acetabulum, thus putting the muscles on the stretch, and sometimes rupturing them, before we succeed in getting the head of the displaced bone into its normal position. The process of reduction by manipulation avoids this main difficulty, and, as it were, eludes the opposition of the muscles; the trochanter,—being fixed by the insertion into its base of the pyriformis, the two obturators, the gemelli, and the upper part of the quadratus,—acts as a fixed point or fulcrum upon which, by moving the limb, the head of the bone can be made to describe a circle round the fulcrum. When we remember that this fulcrum is not strictly speaking a fixed point, but has a certain degree of motion of its own, we can see how, by means of this movable fulcrum, the head of the femur can be placed, by varying the motions of the limb, on almost any point within two inches around the acetabulum, and of course over the acetabulum itself. So that in performing our manipulations we are careful to remember this latitude of motion given us by the insertion of the muscles, so as to bring the head of the luxated bone to the most available point of the acetabulum. We find this point at the lower and outer side of the cavity. Here we do not find that prominent bony ridge which we encounter at all other portions of the acetabulum, and hence it is at this place, by means of the fulcrum already described, we endea-

vor to get the head of the luxated bone, when, by a gentle oscillating movement, the head of the bone slips into its place.

Bearing in mind the above, the following manipulations will enable the operator to reduce these dislocations without much trouble. After having placed the patient on the floor, which is best, for the operator will then have more freedom of motion than on a table or lounge, and having administered the anæsthetic—then first grasp the knee with one hand, and the leg just above the ankle with the other, flex the thigh upon the pelvis, and the leg on the thigh, carrying the limb across the sound one, and the knee over the abdomen, as high as the umbilicus.

Second, turn the knee outwards, on a line with the injured side, a procedure which will draw the big toe from its inverted into an everted position, and incline the heel proportionally inwards, or in the opposite direction.

Third, carry the foot across the sound limb, push the knee outwards and downwards, when, performing a gentle oscillating movement, the head of the bone slips into the socket.

The above will apply to all the forms of dislocation, with but slight modification, except that upon the pubes. In this we first convert it into the thyroid variety; and this may be performed by strongly abducting the luxated limb, the foot being rotated still more strongly outwards; then make the trochanter act as a fulcrum, and pry the head of the bone off from the pelvis, when it will slip into the thyroid foramen; then manipulate as above directed, being careful that you carry the luxated limb well over the sound one.

NOTICES AND NEW PUBLICATIONS.

The Eighteenth Annual Commencement of the Homœopathic Medical College of Pennsylvania occurs on our publication day. We give in the present number the Valedictory Address by Professor Lippe, and the lists of Matriculants and of Graduates.

The Materia Medica portion of the February number of the *Monthly*, was omitted by some oversight at the binders; and the omission was not observed till a considerable part of the edition had been mailed. Thus the present number contains thirty-two, instead of sixteen, pages from Dr. Hering's Treasury.

To our Correspondents.—We must crave the indulgence of our correspondents and friends. If their articles do not always appear, in many cases it is not because they are not accepted. In order to make up the different numbers of the *Monthly*, with the suitable variety, it is often necessary to keep on hand valuable articles for some time.

Text Book of Materia Medica.—By Ad. Lippe, M. D., Professor of Materia Medica at the Homœopathic Medical College of Pennsylvania. A. J. Tafel, Publisher, No. 48 N. Ninth Street, Philadelphia.

The First Part of this Work comes to hand too late for any extended notice in the present number of the *Monthly*. It is very neatly printed and contains the principal characteristic symptoms of fifty remedies, from Aconite to Cicuta. We will give a review of this Part in our next.

Homœopathic Treatise on the Diseases of Women and Children. By Henry Minton, M.D., Brooklyn.

Just as we go to press, we receive the advance sheets of this new work. Intended for the use of the people, it is evidently superior to such popular treatises as have hitherto appeared on this subject. A more extended notice and particular examination of this Treatise will appear in our next.

El Criterio Medico, Organo Oficial de la Sociedad Hahnemanniana Matritense. Madrid, Spain.

The January number of this ably conducted journal is received. The principal articles are on Prophylactic measures with reference to Cholera; the Differential Symptoms and Treatment of True and False Croup and Diphtheritic Angina; and Results of Homœopathic Treatment of Epidemic Cholera in Ciudad de Vinaroz.

OTHER PERIODICALS RECEIVED.

The New England Medical Gazette. Edited by H. C. Angell, M.D. Boston, Mass.

We will give a more extended notice of this new Homœopathic Monthly in our next.

The American Homœopathic Review, a double number for January and February, is received as we go to press. It contains several papers of unusual interest.

Chicago Medical Journal. January, 1866.

A very handsomely printed allopathic Monthly, in its XXIIId volume. Edited by Drs. E. R. Holmes, H. M. Lyman, and R. M. Lackey.

North American Journal of Homœopathy. November, 1865.

Medical Investigator. February.

American Homœopathic Observer. February.

The Cattle Plague.—From the Monthly Report of the United States Agricultural Department, kindly handed us by a friend, we extract a few lines on the treatment of this disease in Holland.

"The most successful treatment is said to have been by Homœopathy. This has been practiced by two Belgian practitioners, who volunteered their services to the Dutch Government. By them fifty per cent. of the amimals which were sick have been cured, and out of one hundred and forty-eight sound animals treated by them with preventive medicines, and placed in contact with diseased cattle, not more than four have taken the disease."

LIST OF MATRICULANTS

OF THE

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA,

SESSION OF 1865-6.

Names.	Residence.	Preceptors.
Arthur, Charles	Philadelphia, Pa	*H. N. Guernsey, M.D.*
Anderson, Edwin S	Marietta, O	*W. Stanley, M. D.*
Arnold, C. M	Dillsburg, Pa	*Geo. P. Arnold, M. D.*
Andrews, Purnel W	Camden, N. J	*Henry F. Hunt, M. D.*
Arrowsmith, Wm. L., M.D.	Milton, Nova Scotia.	
Allen, Richard C	Frankford, Pa	*W. F. Guernsey, M.D.*
Boynton, Sumner H	Augusta, Me	*Jas. B. Bell, M. D.*
Barden, O. P	Mansfield, Pa	*Wm. M. Barden, M.D.*
Breyfogle, Chas. W	Columbus, O	*Geo. H. Blair, M. D.*
Barnaby, J. E	Sharpsburg, Pa	*R. C. McClelland, M. D.*
Barrett, Chas. B. Jr	Philadelphia, Pa	*C. E. Toothaker, M. D.*
Belding, R. E	Syracuse, N. Y	*A. R. Morgan, M. D.*
Budlong, J. C., M. D	Philadelphia, Pa	
Bradford, ———, M. D.	Rutland, Vermont	
Cook, Isaac E	Floradale, Pa	*Wm. H. Cook, M. D.*
Cloud, Chas. R	Woodbury, N. J	*D. R. Gardiner, M. D.*
Currie, Joseph J	Woodbury, N. J	*D. R. Gardiner, M. D.*
Coon, David, M. D	Mitchell, Canada West	
Campbell, C. T., M. D	London, Canada West	
Coxe, Geo. H., M. D	Germantown, Pa	
Dreher, C. B	Pottsville, Pa	*Dr. Benj. Becker.*
Dudley, Evan	Moorestown, N. J	*Pusey Wilson, M. D.*
Dever, Isaiah, M. D	Eaton, O	
Dreibelbis, D. L., M. D	Reading, Pa	*I. C. Detweiler, M. D.*
Doran, Charles R., M. D.	Hagerstown, Md	
Fellows, H. B., M. D	Sennett, N. Y	
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Griffith, Silas	Philadelphia, Pa	*W. H. H. Neville, M. D.*
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Hall, Wm. D	Philadelphia, Pa	*Samuel Brown, M. D.*
Haines, Franklin T	Cinnaminson, N. J	*Pusey Wilson, M. D.*
Harpel, M. H	Lancaster, Pa	*J. T. Baker, M. D.*
Herbert, Rev. Chas. D	Durham, N. H	*A. H. Flanders, M. D.*
Harman, R. T	Wellsville, Pa	*C. R. Doran, M. D.*
Hall, Irving S	Augusta, Me	*D. Whiting, M. D.*
Hawkes, Wm. J	Pittsburg, Pa	*Jas. A. Herron, M. D.*

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Lippe, Constantine, M. D.	Philadelphia, Pa	
Lippincott, Aquilla B	Moorestown, N. J	*Pusey Wilson, M. D.*
Lichtenwalner, Milton D.	Vogelsville, Pa	*F. J. Slough, M. D.*
Lee, John K	Etna, Pa	*J. K. Lee, M. D.*
Marsden, Geo. F	Philadelphia, Pa	*H. N. Guernsey, M. D.*
McClure, John B	Cabin Creek, Ky	*W.H.M'Granaghan,MD*
Neville, Wm. H. H. M. D.	Philadelphia, Pa	
Morgan, A. R., M. D.	Syracuse, N. Y	
Martin, Robert M., M. D.	Richmond, Pa	
Orenga, Francisco	Valencia, Spain	*Ad. Lippe, M. D.*
Owens, J. B., M. D	Lebanon, O	
Parsell, Geo. H	Auburn, N. Y	*C. W. Boyce, M. D.*
Patch, Alfred E	East Knox, Me	*J. H. P. Frost, M. D.*
Packer, Rev. D	Peacham, Vt	*Milo H. Houghton, M. D.*
Packer, Edmond H	Peacham, Vt	*Rev. D. Packer.*
Pitcher, Alfred O	Mt. Pleasant, Iowa	*F. C. Pitcher, M. D.*
Robinson, John B	Philadelphia, Pa	*H. N. Guernsey, M. D.*
Richards, J. C., M. D.	Easton, Pa	*J. H. Detweiler, M. D.*
Reud, Wm. R	Philadelphia, Pa	*O. B. Gause, M. D.*
Sawtelle, Geo. B	North Sydney, Me	*Jas. B. Bell, M. D.*
Shepherd, Jas. S., M. D.	Petaluma, California.	
Shepherd, Alfred, M. D.	Springfield, O	
Small, Edward P	Portland, Me	*C. H. Burr, M. D.*
Smith, Thomas H	Philadelphia, Pa	*P. Hitchens, M. D.*
Smith, J. Heber	Malden, Mass	*A. P. Macomber, M. D.*
Slocomb, C. C	Rutland, Mass	——— *Linnell, M. D.*
Sprague, Wm. M	Poplar Ridge, N. Y.	*H. B. Fellows, M. D.*
Skeels, A. P	Cairo, Illinois	*Drs. Morgan & Hawley.*
Streets, Jacob G	Smyrna, Del	*Chas. L. Mann, M. D.*
Thompson, Augustin	Union, Me	*Nathan Bachelder, M. D.*
Thompson, C. H	Pittstown, N. J	*Wm. M. Gwynn, M. D.*
Trego, E. H., M. D	Philadelphia, Pa	*Ad. Lippe, M. D.*
Tindall, V. R., M. D.	Philadelphia, Pa	*D. M. Tindall, M. D.*
Virgin, Wm. T	Mt. Pleasant, Iowa	*C. Pearson, M. D.*
Voak, J. Emory, M.D.	Atlanta, Ill	
Voak, J. Benson	Rushville, N. Y	*J. E. Voak, M. D.*
Walker, Mahlon M	Germantown, Pa	*Thos. Moore, M. D.*
Walter, Ziba D	Wilmington, Del	*W. Stanley, M. D.*
Werder, Maximilian	Johnstown, Pa	*F. X. Spranger, M. D.*
Wilson, Charles S	Hockessin, Del	*P. Wilson, M. D.*
Wagner, John F	Hesse Cassel	*J. H. P. Frost, M. D.*
Willard, L. H	Hatboro', Pa	*H. N. Guernsey, M. D.*
Williams, Harry E	New York City	*J. E. Kent, M. D.*
Wiggin, Nathan	Rockland, Me	*John Esten, M. D.*
Wood, H. C	West Chester, Pa	*J. B. Wood, M. D.*
Woodbury, Benj. C	Bangor, Me	*J. H. P. Frost, M. D.*
Younghusband, Lancelot, A. M., M. D		*Mt. Clement, Mich*
Zeitler, Augustus E	Philadelphia, Pa	*T. C. Williams, M. D.*

LIST OF GRADUATES.

THE HONORARY DEGREE OF DOCTOR OF MEDICINE

WAS GRANTED TO

THEODORE J. RÜCKERT, M.D.....*Herrnhuth, Saxony;*

THE SPECIAL DEGREE OF DOCTOR OF MEDICINE

WAS GRANTED TO

DR. BENJAMIN BECKER.....*Pottsville, Pa.,*

By the Homœopathic Medical College of Pennsylvania, at its Eighteenth Annual Commencement, March 1st, 1866. At the same time,

THE DEGREE OF DOCTOR OF MEDICINE AND ALSO OF DOCTOR OF HOMŒOPATHIC MEDICINE

WAS CONFERRED UPON THE FOLLOWING NAMED GENTLEMEN:

Names.	Titles of Theses.
W. L. ARROWSMITH, M.D.....	
L. YOUNGHUSBAND, A.M.,M.D...	
FRANCISCO ORENGA, M.D.....	
LEWIS H. WILLARD.....	*Yellow Fever.*
EDWIN S. ANDERSON.....	*Erysipelas.*
ISAIAH DEVER, M.D.....	*Examination of the Sick.*
BENJAMIN C. WOODBURY.....	*Purpura.*
JAMES S. SHEPHERD, M.D.....	*Results of Experience.*
SUMNER H. BOYNTON.....	*Hahnemannianism the true Science of Homœopathy.*
AQUILA B. LIPPINCOTT.....	*Dysentery.*
JOSEPH J. CURRIE.....	*Typhoid Fever.*
SILAS GRIFFITH.....	*The Homœopathic Law of Cure.*
ZIBA D. WALTER.....	*Placenta Prævia.*
JACOB G. STREETS.....	*Physiology of Impregnation.*
RUFUS E. BELDING.....	*Man and Disease.*
GEORGE F. MARSDEN.....	*Pleurisy.*
EDWIN H. TREGO, M.D.....	*Acute Peritonitis.*
GEORGE H. PARSELL.....	*The Liver and its Diseases.*

REV. DAVID PACKER.....*Philosophical View of the Law of Cure.*
MILTON D. LICHTENWALNER.....*Proving of Cistus Canadensis.*
DAVID L. DREIBELBIS, M.D.....*The Blood.*
JOHN E. BARNABY.....*Embryonic and Fœtal Circulation.*
EDWARD P. SMALL.....*The Influence of the Soul on the Body.*
J. HEBER SMITH.....*Puerperal Mania.*
CHARLES S. WILSON.....*Phthisis Pulmonalis.*
J. BENSON VOAK.....*Dysentery.*
RICHARD T. HARMAN.....*What shall we Eat?*
HARRY E. WILLIAMS.....*Typhus Fever.*
REV. CHAS. D. HERBERT, A.M...*The Phenomena of Takiny Cold.*
MAXIMILIAN WERDER.....*Embryonic and Fœtal Life.*
THOMAS H. SMITH.....*Homœopathy versus Nosology.*
CHARLES ARTHUR.....*Dystocia.*
JAMES B. OWENS, M.D.....*Duties of the Physician.*
CHARLES R. DORAN, M.D.....
NATHAN WIGGIN.....*Homœopathy and Allopathy Contrasted.*
JOHN C. RICHARDS, M.D.....*Double Inclined Plane.*
CLARENCE T. CAMPBELL, M.D...*Anæsthesia.*
GEORGE B. SAWTELLE.....*Scarlatina.*
CONSTANTINE LIPPE, M.D.....*Pneumonia.*
ALFRED SHEPHERD, M.D.....*The Duties and Conduct of the Physician.*
J. EMORY VOAK, M.D.....*Our Mission.*
DAVID COON, M.D.....*Homœopathy.*
A. J. B. JENNER.....*Effects of Climate on Homœopathic Medication.*

. An indefinite pain on either side of the dorsal spine, similar to that felt in the chest, when it is said "the food has lodged." 3d d. S. J.

305. Aching pain in the small of the back, felt most when sitting. 4th d. Sp. a.

. After dinner, severe pain in the small of the back, with aching pain in the knees, and below the knees. 5th d. Sp. a.

. π Pain along the spine and from the sacrum down through the lower limbs into the feet, more while sitting. A. L.

. *Pain in the small of the back when sitting, going off when rising and walking or lying down.* 2d d. Sp. c.

. Pain in the back on sitting down, after rising in the morning. 3d d. Sp. c.

310. Severe pain in the small of the back, with pain in the head. 4th d., at 6 P. M. Sp. c.

. Backache worse all the morning, as if he could not straighten himself. 11th d. Sp. c.

. Severe pain in the small of the back, worse when sitting, 10 P. M. 2d d.; worse when sitting, better when lying down, 3d d.; partially relieved by lying down, not by standing, 5th d.; worse after fourth dose of 50th p. Sp. d.; severe pain in the small of the back in the evening, 17th d., Sp. d.; returning at night, 385.

. Backache with seminal emissions. 281.

. Backache on rising, 399; comp. 284.

315. *Pain in the small of the back always while sitting. A. L.; C. Hg.

. *Pain in the back while sitting, better on walking or lying down. A. L.

. *Pain in the back increasing while sitting, similar to Zincum. A. L.

Upper Limbs.

. Arms, stitching pain. 342.

. Aching pain in the wrist joints, with occasional stitches. 3d d. K.

320. Much itching on the shoulders. 5th d. Sp. c.

. Pimples on the shoulders. 446.

. On the fore-arm a small boil. 450.

Lower Limbs.

. In the thighs shooting from the liver. 205.

. Bruised pain in the left hip, in the region of the trochanter major, which was worse on motion and better by rest; morning, 3d d. K.

325. π Pain on the upper part of the right hip bone, worse while sitting. A. L.

. Pimples on the buttocks. 446.

. Aching in both legs, half way between the thighs and knees on the front side, (in the muscles). 6th d. Sp. d.

. In the knees aching pain. 306.

. Aching of the knees, with itching of the skin on the external side, at night, 3d d. Sp. c.

330. Aching of the knees and lower extremities. 11th d. Sp. c. 351.

. Weakness of the knees after a little exertion. 4th d. Sp. c.

. Excessive weakness of the knees, as if they would not support him, 6th d.; after exercise, 8th d. Sp. d.

. A sourish sweating of the feet, with an odor like sole-leather, like what he had years before, reappears, and is most between the toes. 1st d. C. Hg.

. Pain from the sacrum down into the lower limbs. 307.

335. Legs, stitching pains. 342.

. Tired feeling in the legs. 4th d. Sp. a.

. Along the legs flushes of heat. 354.

Limbs.

. Jerks in the limbs when falling asleep. 2d n. Sp. c.

. Trembling of the limbs, especially the legs, aching when sitting. 2d and 9th d. Sp. d.

340. Weakness and weariness of the limbs. 3d d. S. J. 349.

. Great weariness of the limbs from walking. Sp. c.

. Stitching pains here and there in the arms, legs, &c. 3d d. K.

. Bruised pains in the limbs, especially in the joints; morning 3d d. K.

. Aching of the bones. 2d d. Sp. c.

345. Beating and sore aching all over. 62.

. Bruised pain in all the limbs; afternoon 1st d. K.

. Soreness and bruised pain in the whole body, no disposition to move; morning, 2d d. K.

. Trembling of the limbs, especially of the legs; aching when sitting. 2d d. Sp. b.
. Weak, weary feeling in the whole body, especially the limbs. 2d d. S. J.
350. Great weariness of the limbs from walking. 1st d. Sp. c.
. Languor in the evening with aching of the knees. 9th d. Sp. c.
. Languor and headache, 72; with fever and nausea. 435.
. Languid feeling of the whole body. 362.
. Languidness; disposition to lie down; flushes of heat along the legs. 3d d. K.
355. No disposition to move. 347.
. Had to lie down with headache. 195.
. Weakness, had to lie down. 15.
. Weakness of the body, especially of the limbs, and feeling of emptiness in the abdomen at the umbilicus. 4th d. Sp. d.
. Weakness during stool. 229.

Sleep.

360. Incessant yawning in the forenoon, 3d d.; much yawning all the 5th d., Sp. c.; incessant, 6th d., Sp. c. Frequent yawning, 6th d.; 8th d. Sp. d.
. Gaping after dinner; languid feeling of the whole body. 4th d. K.
. Yawning and chilliness, 436; gaping and pain in the throat. 144.
. Great drowsiness in the evenings. K.
365. *Distressing drowsiness in the evening. 391.
. Cannot fall asleep in the evening;* but a few hours of sleep are satisfactory, and he wakes up early. 30 p. C. Hg.
. Difficulty in going to sleep. 10th d. Sp. d.
. Jerks in the limbs when falling asleep. Sp. c.
. Restlessness, he goes to sleep late. 1st d. Sp. b.
370. About one o'clock at night, falls into a light sleep, with tossing about. 3d d. Sp. c.
. Sleep disturbed, (after three doses of 50th potency, taken at half past twelve.) 5th d. Sp. d.
. Frequent waking with fright, could not tell from what. 2d n. Sp. c.
. Position in sleep: bends head down on the left arm, and sleeps on the left side (while ordinarily on the right). 9th d. Sp. d.
. Emissions while lying on the back. 276.

375. Sleep much disturbed by dreams not vivid or remembered, but making sleep unrefreshing, causing headache which lasted all day. 3d d. S. J.
. Sleep, with many dreams, 7th d.; disturbed by dreams, 9th and 14th d. Sp. d.
. Dreams of having on the back of the head the hair cut. 4th n. Sp. c.
. Lewd dreams. 2d n. Sp. c. 278–9. 380–1.
. Sleep disturbed by lewd dreams. 13th d. Sp. c. 382.
380. Sleepless, with lewd dreams when sleeping, (unusual,) awoke four, A. M., with pollution, 1st to 2d d. Sp. b.
. Awoke at six, A. M., with lewd dreams and pollution, with pain in the end of the urethra. 2d n. Sp. c.
. Sleep disturbed by lewd dreams and three copious emissions, without or with only partial erections. 10th d. Sp. d.
. Unusual, vivid and particular dream with the emission. 276.
. At night burning in the eyes. 103.
385. Pains in the back and eyes, returning at night, (after fourth dose of 30th p). 4th d. Sp. c.
. Nightly toothache, 125; heat rising in the throat, 164; gulping up of sour water, 172; rising in the night to urinate, 258; itching of scalp at night, 78.
. Itching when getting warm in bed. 442.
. Sleeps, after diarrhœa and headache, from eleven, P. M., till five, A. M. 230.
. Went to sleep and slept well after colic. 1st n. Sp. d.
390. Awoke at six and a half, A. M., earlier than usual, with feeling wide awake. 6th and 9th d. Sp. d.
. *One formerly used to rise early, who now had for a week distressing drowsiness in the evening, slept from ten to eleven hours without intermission, all night, and was still hardly able to get up in the morning, after Cobaltum is immediately able to be up and awake in the evening and rise at five o'clock in the morning, feeling as well as ever. C. Hg.
. Wakefulness; can do with less sleep. A. L. b.
. Awake early in the morning. 366.

. At four, A. M., pollution, 380; colic, stool. 220.
395. At five, A. M., colic on awaking; watery stool. 218.

. Sleep unrefreshing, 3d tr. 4th d. Sp. d.

. When rising felt unrefreshed as if he had not slept enough; morning, 2d d. K.
. **Unrefreshing sleep.* C. Hg.
. On rising, pain in the head and small of the back. 5th d. Sp. c. and 193.
400. Morning, dulness and fulness of the head. 16.

DAILY CYCLUS.

. Morning, headache, 41, 43, 58, 62, 63, 72, 375, till ten, A. M., 63.
. Flat, nauseous taste, 131; bad taste with belching. 132.
. White tongue and flat taste. 136.
. Throat dry on rising, 146, 162; sore throat, 151; something in the throat, 292; throat filled with mucus, 154.
405. Hawking of mucus. 752.
. One hour after rising pain in stomach and headache, 193.
. Soreness in stomach on inspiration. 202.
. More sexual desire. 275.
. Expectoration, 292, 294, 298, &c.
410. Backache in the morning, 311, 399; pain in the hip, 324; pain in the limbs, 343; sore, bruised pain in the whole body. 347.
. In the forenoon, head full and stupid, 13; pain in the temples, 13, 33; headache, 64; toothache, 125.
, Morning, stool, 239, 240; more urinating, 256; pain in the larynx, 299, 291; yawning, 360.
. Nine and a half, A. M., warmth, flushes and perspiration, 291. K.
. Eleven to twelve, chilly, 435.
415. Middle of the day, headache, 39; at noon, 42.
. Twelve to two, fever and sweat, 435.
. One, P. M., nausea; two, P. M., rumbling, 177, 224.
. Headache from morning till three, P. M., 41.
. Afternoon, headache, 63, 66; increasing till eight, P. M., 21.
420. Hiccough all the afternoon, 9; rising of water, 175.
. Stool at four, P. M., 238, 247; 241, 242; 244.
. Afternoon, pain in the limbs, 346; weak and dull, 15.
. Evening, vivacity, 9.
. Evening, burning of the eyes, 95; smarting of eyelids, 100.
425. Earache, 108; nose itching, 117.
. No appetite, 183; after supper sour stomach and headache, 195.

. Night, pain in abdomen, 213; ten, P. M., pain in stomach, burning in the eyes, 193.
. Evening, stool, 228, 234; nine, P. M., 240; ten, P. M., 237; eleven o'clock, 236.
. Seminal emissions, 276.
430. Pain in back, 312.
. Languor, 351.
. Drowsiness, 364, K.; *391, C. Hg.
. Cannot sleep, 366.
. Headache, severest at eleven o'clock, 195; nervous till midnight, 167; falls first asleep, 370.

Chill and Fever.

435. Chilly from eleven till twelve, noon; headache, with nausea and languor, from twelve till two; fever and sweat. 6th d. Sp. d.
. A general chilliness, with yawning, between four and five, P. M.; feeling of dulness and weakness, with aversion to mental exercise; had to lie down. 2d d. Sp. a.
. Warm sensation through the whole body, with flushes of heat and much perspiration, 391. K.
. Flushes of heat along the legs, 354.

Skin.

. Great itching of the hairy scalp, with burning when scratching, and in the beard under the chin, (in evening), 78.
440. Much itching of the shoulders, 320.
. Itching outside of the knees, 329.
. Much itching all over when getting warm in bed. 2d d. Sp. c.
. Burning after scratching, 78, 117.
. Appearance of vesicles on the right side of the neck, having an inflamed base, containing watery lymph, being sore to the touch, disappearing slowly, leaving tenderness for a long time afterwards. 3d d. K.
445. A number of painless pimples on the nose, 119.
. Pimples on the shoulders, pit of the stomach and buttocks, which bleed easily when scratched, 2d d.; on the nates, bleed when scratched. 5th d. Sp. c.
. Pimples on the back of the left ear, near the top. 7th d. Sp. d.

. Sore pimples on the edge of the hair on the back of the head, very sore, like a boil. 7th d. Sp. d.
. In ten days a large boil begins on the right side of the chin and suppurates. A. L. b.
450. A small boil comes out on the right forearm, on which three weeks previous there had been several. 5th d. S. J.

Warmth.

. Headache worse in the room, 19, 49.
. Headache better in the open air, 49.
. Headache worse in the open air, 41; eyes, 104.
. In the cold air tears and pain in the eyes, 98; tears and water from the nose, 97.
455. Toothache worse from inhaling cold air, 125.
. Expectoration more in the open air, 297, 298.
. Cold water increases the sensations in the larynx. 294.

Touch.

. A spot on the nose painful on pressure, 118.
. A tooth is sore to the touch, 127.
460. Pain in the stomach worse on pressure, 191; contracting abdominal muscles increases pain, 212.
. Pressure increases sensation in larynx, 294.
. Skin sensitive to touch after vesicles, 444.

Rest and Motion.

. Better from rest, hip pain, 324; lying down, headache, 308, 312, *316.
. Has a disposition to lie down, 195, 354, &c.
465. Sensation as if dropping of the spleen, better when sitting, 207.
. Limbs ache while sitting, 348.
. Worse while sitting; pain in hip bone, 325; backache, 305, 308, 309, 312, 315, 316, *317; pain along the spine, 307.
. While standing; more desire for stool, 228; pain in the urethra, 270; and backache, 312.
. While bending forwards, more headache, 38.
470. While stooping, more pain in the forehead, 26.
. On rising from a seat, headache, 35.
. Better from rising; pain in the back, 308.
. After rising in the morning, headache, 309.

. Worse while walking; sensation of dropping of the spleen, 207; weariness of the limbs, 350.

475. Better from walking: pain in the back, 308, 316.

. In stepping, sensation as if the brain went up and down, 46.

. With every jar the top of the head feels as if it would fly off, 36.

. Worse from moving; pressive pain in the temples, 13; pain in the hips, 324.

. After a little exercise, weak knees, 331, 332.

SIDES OF THE BODY.

480. *Right* temple, tearing from in, 33; chin, boil on, 449; testicle, severe pain in, 285; right side of the neck, vesicles on, 444; forearm, a small boil on, 450; hip, pain in, 325.

. *Left* temple, pain in, 72; corner of the eye, smarting in, 99; ear, humming in, 107; stinging in, 140; aching in, 108; beating in, 108: back of the ear, pimples on, 447; nostril, itching of, 116; and stitching in, 117; mouth, opposite the stomach tooth, soreness of, 141; toothache, 125; submaxillary gland, pain in, 124; side, sensation as if of dropping of the spleen, 207; hypochondrium, pain in, 206; groin, pain in, 284; side of chest, stitches in, 299; hip, pain in, 324; sleeps on left side, head on the left arm, 373.

ZINGIBER.

Our space will not permit us to give the whole of a very able and elaborate treatise on this remedy by one of our graduates, Dr. CHARLES H. GUNDELACH, now practicing in St. Louis; we, therefore, give only the result of his provings, arranged according to Hahnemann's Schema, as the best form in which every Homœopathician can use them.

One of the oldest and most famous polychrests in the East Indies, it was used by the Greeks as well as by the Arabians, and also in the middle ages. It is now nearly obsolete as a medicine, but is still used by common people; it has gradu-

ally come to be used as a spice in every kitchen, and it is eaten in the ginger-cakes by our children. It ought to be known then as a cause of ailments, even if it were never given as a curative agent.

Dr. Gundelach's provings give us the true indications; and Ginger may now be given with rational certainty. The generic names of all the diseases for which Zingiber has been given according to general vague indications of the Old School, since thousands of years, have been arranged with the symptoms, which give us now for the first time the true indication.

Zingiber was first proved by Dr. Franz; his few but very accurate and useful symptoms were printed 1835, in Stapf's Archiv., Vol. XIV., No. 1, p. 182. But only a single cure, to be found in Jahr's Manual, was ever reported of this remedy. Now, by comparing Dr. Franz's few symptoms with Gundelach's rich proving, we can see how characteristic are the symptoms obtained by the former.

Many more useful symptoms, could be collected by Homœopathic physicians, since this first series of provings has shown the peculiar action of the Ginger; and by more accurately observing children after they have eaten ginger-bread, and others also after using ginger tea, the Concordance will remove all doubt about their true cause.

The very valuable remark of Dr. Goullon, that Nux vomica is the main antidote, has been corroborated by innumerable cases.

ABBREVIATIONS.

Fr.—Dr. Franz, first prover.
Ch. G.—The main prover in his Thesis.
L.—One of Dr. Ch. G.'s provers
E.—One of Dr. Ch. G.'s provers.
Mrs. E.—Proveress.
J.—Mr. Johnson, Student of Medicine.
J. J.—Miss J. J.
B.—Dr. Betts.
A.—Mr. Charles Arthur, Student of Medicine.
Mrs. T.—Proveress; being subject to colds, her symptoms are marked π.
Mrs. St.—Proveress of Dr. Gundelach's.

C. Hg.; L.; R.—Communicated by Drs. Hering, Lippe, and Raue, and others named.
*—Cured.
π—On the sick.
a., b.—First and second provings by the same prover.
N. N.—The name unknown.
R. R.—Relata refero.

Mind.

. Was in a good humor all the days of the proving, enjoyed company, was lively in conversation, not so silent as usually, 11th d.; again, 30th d. Ch. G.
. Mind cheerful 1st and 2d d., with a pleasing sensation in his system, ten, A. M. B.
. Mind cheerful. 3d d. J.
. No anxiety with asthma,* 265.
5. Nervous and fidgity, 175.*
. Felt very uncomfortable, did not know what to do,* 223.
. Irritable and chilly, Mrs. T., 432; very irritable and sick during menstruation. Mrs. E., 249.

Memory.

. His memory is better since he began the proving. 11th
. Strengthens memory, Ebn Sina. Zwinger.
d. Ch. G.
10. *Forgetfulness. Honigberger.
. Increased activity of the brain. Strumpf.

Head.

. Dizziness, 368;* vertigo. Str.
. Feels worse and empty in his head after one and a half hours. Franz.
. Head feels too large. Mrs. T., 39.
15. When stooping, sensation as if the contents of the head presssed into the forehead and root of the nose. 10th d. A.
. Rush of blood to the head, especially the temples; pulse from 72 and weak to 84 full, in the afternoon, 416th d. Ch. G.; compare 59; 21, J., 15, A.

Headache, Frontal.

. Headache when he exerts himself, a drawing pressure on the frontal bone. Fr.

. Headache, a dull pressing, more in the forehead and temples, 8th d., with the same pain in the left eye, 9th d. Ch. G.

. Pressing, drawing, frontal headache, more on the left side, at noon, 15th d.; dull drawing with oppressive heat, 13th d.; afterwards pain over the eye (30); dull, pressive, heavy all over, but more on the forehead with stiff neck; twelve to one at noon. 16th d. Mrs. St.

20. Drawing, frontal headache, especially over the root of the nose, six, A. M., 5th d.; 9th d. Mrs. E.

. Frontal headache, especially over the eyes, worse when laughing or talking, 3d d.; worse by stooping, b. 2d d. J.

. Frontal headache in the morning. 12th d. J. J.

. Headache, at first over the left forehead, then changing about, eleven, A. M. 6th d. A.

. Very fine but violent stitches in the forehead. Fr.

25. Pressing, drawing headache, as if the right eye were to to be pressed out, during the whole day. Fr.

Over the Eyes.

. Over the left eye a dull headache, nine till ten, P. M. 3d d. L.

. Pressure in and over the left eye; beating pressure in the left occiput, evening of the 30th d. Ch. G.

. Drawing, pressing pain over the left eye, seven, P. M. lasting ten minutes. 12th d. Mrs. E.

. Slight, dull pain over the left eye, with stitches now and then, was a little worse by going into cold, open air, afternoon and evening, 2d d.; dull, heavy, with stitches now and then through the day. 3d d. A.

30. Over the left eye, dull, sore feeling, [36]; stinging pain at five, P. M.; when it passed off, she had a pressing, frontal headache, the eyes were somewhat sensitive to the light, 6th d.; when in church extending to the occiput, with nausea, [52,] Mrs. St.

. Sharp, aching, drawing pain over the eyebrows; aching of the eyebrows, followed by nausea, lasting but a few moments, in the warm room; later, more aching and heavier sensation than in the morning, extending all around the head, more heavy on the left vertex, 12° 15′; afterwards, heavier over the right eye and left occiput. This diagonal direction it took after the circular pain passed off. Later, a pain over the

right eye and heavy, pressing pain in the left occiput, all in the warm room, continued in the cold, damp air, and in motion and by sitting at rest, 2d d., B.; comp. left front to right behind, 52. St.

. Dull, aching, pressing pain in the left temple till she went to sleep, eight, P. M., 3d d.; pressing headache in temples, afternoon 4th d.; dull, pressing pain in both temples, evening 5th d.; dull, pressing headache, especially in the temples, 12th d. J. J.

. Headache internally above the temples, like a pressing drawing, while walking in the open air, with the head covered; it lessens when standing still, and when uncovering the head in the warm room it disappeared. Fr.

. Pressing headache in the temples immediately after eating bread, 144.

35. Slight headache, pressing in the temples. 2d d. Mrs. E.

. Slight headache in both temples, dull and sore feeling over the left eye, eleven, P. M., 2d d.; dull, pressing, drawing headache, which at last settled in the right temple. 3d d. Mrs. St.

. Drawing pain in the left temple and over the left eyebrow, five, P. M. 8th d. Mrs. St.

. Drawing pain from the upper jaw to the temple, L. 115.

π . Heavy pressure in the forehead, especially in the temples; head feels too large, with heat in the face, 5th d., with humming in the ears, 6th d.; comp. 107. J. J.

40. π Pressing pain and numbness in both temples, pressure on the eyes, heat in the face, fainting weakness. 7th d. Mrs. T.

. Pain in the temples with burning heat, and heat in the face, 107, J. J.; comp. 39, 75, T.

. A beating pain in the left temple. 9th d. Ch. G.

. Headache, mostly in the temples, and stiff neck. 9th d. J. J.

. Rush of blood to the temples. Ch. G., 16.

45. Dull, pressing headache on the left side, with heat in the head and much thirst, evening 8th d. Ch. G.

. *Hemicrania. Alex. Tralles.

. Pulsating pain in the vertex, right side, 9th d.; worse by rising, 10th d. Ch. G.

. Left vertex feels sore, more on touching. 3d week. J. J.

. Dull heavy pain in left vertex. Mrs. T., 369.

50. Beating pressure in the left occiput. Ch. G., 27.

. The circle of the pain extended in a line above and behind the head through the cerebellum; it was shifting, 12° 30′; dull, heavy pain encircling head above the eyes, extending to the occiput. 2d d. B.

. When in church pain over the left eye, drawing extended a little to the right and settled then in the right occiput, where she felt a heavy, drawing pain for about two hours with the headache in front, with nausea, and as if she were going to faint; at the same time very chilly. All these symptoms disappeared when she came home, in a warm room. 12th d. Mrs. St.

The whole

. Head feels as if pressed. 9th d. Mrs. St.

. Pain encircling the head; dull, heavy pain, like a board pressing through the whole head, continuing for one and a half hours; thirty minutes after taking 30th, at eleven, A. M. B. b.

55. Heavy pressure throughout the whole head, as if from external to internal, (fifteen minutes after). 2d d. B. a.

. By walking in cold, damp air, experienced heavy pressure in the head from external to internal, affecting afterwards the whole body. 3d d. B.

. *Nervous headache. Honigberger.

. Headache worse by noise, less after dinner. 15th d. Mrs. St.

. Headache worse on moving, 179; worse by stooping. 9th d. Ch. G.

60. Headache, with stiffness of the neck on the left side. 11th d. Ch. G.

. Headache with heat in the head. Ch. G. 64.

. Heat in the head all day. 9th d. Mrs. E.

. Pressing pain, with heat all over the head; morning, 6th d. J. J.

. Heat in the head, especially in the ears, and slight headache, (10′). 2d d. Ch. G. comp. 45.

Outer Head.

65. Pressing headache, externally, disappears on touching. Fr.

. Twitching over the right eye and in the muscles of the neck. 8th d. A.

. Head feels sore to the touch; dull headache. B. (b.)
. Itching of the scalp. Ch. G., 446, 447.
. Itching on the head and cheeks during the morning. 2d d. A.
70. Itching on the scalp. 5th d. Mrs. E.
. Pimples on the front part of the head, L., 113.

Eyes.—Sight.

. Sudden glimmerings before the eyes. 16th d. Ch. G.
. The eyes are sensitive to the light; affected by it, 393; evening, 16th d. Ch. G.
. Painful sensitiveness of the eyes by looking in the light. 2d d. J.
75. π The eyes are sensitive to the light, 6th d.; π very sensitive, with stinging pain in the eye-balls, afternoon, and evening 7th d., Mrs. T.; comp. 30, Mrs. St.
. *Weakness of sight. Arabians.

Eye-balls and Lids.

. Eye pressed out by headache, Fr. 3.
. Pressure on the eyes, Mrs. T. 40.
. Pressure in the left eye, 1st d., after taking three drops of the tincture twice, Ch. G.; also, 179, after chewing the root several times, 5th d.; in the left eye the same pain as in the forehead, dull pressing, 18. Ch. G.
80. Sharp, drawing pain through and around the eye-balls and through the superciliary ridges. B. (b.)
. Stinging pain in the eye-balls, Mrs. T. 75.
. Smarting, burning pain in both eyes, 2d d.; smarting burning in the eyes all day, 3d d.; the same again 2d d. b. J.
. Watery eyes, 2d d. J.
. Fine stitches inside the eye-lids. Fr.
85. A quickly passing sensation on the edges of the eye-lids, like a cutting from above downwards. Fr.
. In the left eye a sensation as if from a grain of sand, which ceases from rubbing, after thirty minutes. Fr.
. *Dimness of cornea. Arabians.

Ears.

. During the day more sensitive to noise, 4th d.; noise increases her headache, 58; very sensitive to noise, 15th d. Mrs. St.
. Humming in the ears, 39, 436. Mrs. T.

90. Heat in the ears, 64. Ch. G.
. Drawing, tearing in the right ear, 3d d.; tearing at seven, P. M. 9th d. L.

NOSE.

. As a sternutative, Heraklid of Tarent; Str.
. Much sneezing, nine times in succession, and many times attempts to sneeze without success, six, P. M. 9th d. Mrs. St.
. Sneezing and ineffectual attempts to sneeze. 9th d. A.
95. Sense of painful dryness in the nose. 9th d. A.
. Dryness of nose, it feels obstructed, 7th d.; with discharge of thick mucus, 11th d., and previous days. Ch. G.
. Dryness and obstruction of the posterior nares, 11th d., with discharge of thick mucus. 16th d. Ch. G.
. Nose feels obstructed, 2d d.; since proving much thirst, dry in the mouth, obstruction in the nose, cannot breathe through the nose, 6th d.; when the obstruction passed off she had more watery discharge from the nose. 9th d. Mrs. St.
. Has a cold in the head, 3d d.; the same considerable discharge from the nose, first serous, then thicker; posterior nares completely obstructed next day after taking 30th, (b.) B.
100. Discharge of pure water from the right nostril, 5th d.; later all the symptoms of a cold in the head; running from the right nostril seems worse the 6th d.; the left nostril is becoming affected like the right one on the 8th d.; and the watery discharge from both nostrils is especially in the open air, the 9th d. A.
. πWhile her cough is worse, streaks of blood in the watery discharge from her nose. 3d d. Mrs. T.
. *Ozæna. Honigberger.
. *Removes bad humors from the head, throat. Ebn Sina.
. Intolerable itching in the nose, even not relieved by scratching. Fr.
105. Red pimples on both sides of the alæ naris. B. (b.)

FACE.

. Looks exhausted in the morning, blue rings below the eyes, (before menstruation). 5th d. Mrs. E.
. Heat in the face and right cheek, and burning heat with some pain in the temples, five, P. M., 10th d. J. J.

. Heat in the face, 435. Fr.
. π Heat in the face, red face, 2d d., Mrs. T.; comp. 39, 40, 436.
110. Dry lips and mouth in the morning, 415. Mrs. St.
. Itching in the cheeks, 69. A.
. Itching in the beard, 156, 447. Ch. G.
. Large, scarlet-red pimples on the face, on the fore part of the head and on the neck. 7th d. L.
. Two large, red pimples on the left cheek. 5th d. J. J.
115. Drawing in the left upper jaw to the temples. 3d d. L.
. Slight drawing pain in the left upper jaw. 4th d. E.
. π Drawing pain in the left lower jaw, nine, P. M., 6th d. Mrs. T.
. π Soreness in the right lower jaw, with a little swelling, in the morning. 7th d. Mrs. T.

Teeth.

. All the teeth in the lower jaw begin to be painfully sensitive, with a pressing, drawing in their roots. Fr.
120. Slight drawing pain in the left lower jaw, from the second molar tooth to the first incisor. 9th d. Ch. G.
. Drawing pain in the left lower teeth to the first incisor—she has a decayed tooth on this side—seven, P. M., 3d d., returns after having been in the air. 5th d. J. J.
. Drawing pain in the left lower jaw, in the first two molar teeth. 8th d. and 16th d. Mrs. St.
. Drawing pain in the left lower jaw, in all the teeth, five, P. M., 2d d.; drawing, stinging pain from the left lower jaw to the first incisor, ten, P. M. and night, 3d to 4th d. Mrs. E.

Mouth.

. Dry mouth, with obstruction of the nose, 98. Mrs. St.
125. Burning in the mouth. Strumpf.
. Much saliva, with little vesicles on the tongue and gums, which feel sore. 9th d. Mrs. St.
. Augments salivation. Str.
. Breath smells foul to herself as from a bad stomach, 6th d.; no more, 6th d. Mrs. St.
. Rancid feeling with the cough, 273.
130. Slimy mouth, bad taste in the morning, 10th d.; very slimy taste on rising. 15th d. Ch. G.
. Bad slimy taste in the mouth,* 221.

. *Taste of food remaining, most after bread, and particularly toast, 223; comp. 144, 145.
. Great dryness of the roof of the mouth and the posterior opening of the nose, which is entirely stopped up. Fr.
. Choanæ stopped up; comp. 97, Ch. G.; 99. B.
135. Going home, (ten, P. M., January 2d,) dryness of throat feeling of swelling externally, constant desire to swallow, and pressure with slight stinging pain. 9th and 10th d. Mrs. E.
. On awaking dryness of the throat and difficult swallowing, it is as if there were an obstacle in the way. 9th d.; same dryness in the throat-pit, in swallowing, something in the way over which it has to pass, seven till nine, A. M., 10th d.; same in the night; raised thick, hard mucus. 10th d. L.
. Soreness in throat and pit of stomach, and looseness of mucus in throat. 2d d. B.
. *Increased secretion of mucus without fever. St.

Thirst.

Much thirst, 3d d., J.; 9th and 15th d., Mrs. St.; dry mouth, 98, at night, 415. Mrs. St.
140. Drinks water on account of the rancid feeling, with the cough, 273. Mrs. St.
. Much thirst, with heat in the head, 45. Ch. G.
. Thirsty all the time, and soft stools, 219. Mrs. St.

Gastric Symptoms.

. Was fond of smoking, but lost almost all desire to smoke since taking the Zingiber. 10th d. A.
. After eating bread, immediately a pressing headache in the temples. Fr.
145. Bread causes a pressure in the stomach after one hour. Fr.
. *Complaints from eating melons. Ebn Nasah.
. Before breakfast, diarrhœa. 216. B.
. After breakfast pain in the left iliac region, 197; too soft stool, 217. A.
. After dinner less headache, 58. St.
150. Before supper flatulent, 203. Ch. G.
. After supper, seven P. M., pain in the iliac region, 197. A.
. *Disordered stomach. Andromachus.

. Weak digestion retarding the stool. Elbar.
. Promoting digestion. Strumpf. Materia Med.
155. Incomplete eructations. Fr.
. Eructations, 11th d.; much in the evening, eleven o'clock, P. M., 14th d.; evening, 30th d.; five, P. M., 31st d. Ch. G.
. Eructations of wind, soon after taking five drops X., 4th week. L.
. Stomach has been out of order, with sickening eructations. 10th d. A.
. *Belching and diarrhœa, 223.
160. On rising squamishness; much wind and rumbling of the bowels, preceded by a slight drawing pain in the lower part of the abdomen, half hour after ten drops of the 30 p., seven, A. M., 19th d. Ch. G.
. Sensation of nausea in the abdomen, two hours after the usual stool in the morning. Fr.
. Frequently a nauseous rising from the stomach into the chest. Fr.
. Much wind; eructations in the evening. 3d d. L.
. Nausea after a short sleep, 417; after pain in the bowels, 186; with backache, 313. E.
165. *Nausea* one hour after 15, seven, P. M.; seven to eight, A. M., 2d d.; after headache, 31; passed away near noon. 2d d. B.
. Nausea, with headache, 52; with stiff neck, 305; with emptiness in stomach, 172. St.
. Nausea, and colic after drastics. Strumpf.
. Sickness, sick feeling through the whole day and night. 3d d. B.
. Sickening eructations, 158. A.
170. *Vomiting of slime, especially with old drunkards. Strumpf.
. Sour stomach, *221.
. Slight nausea, with empty feeling in the stomach, seven and a half, P. M., 15th d. Mrs. St.

Stomach and Hypochondria.

. Soreness at the pit of the stomach, 137. B.
. Pressure in the stomach after eating bread, Fr. 145.
175. Heaviness like a stone in the stomach, cannot sleep, feels nervous and fidgity, with cramps in the soles and palms, and a hoarseness such as she had in the

cholera; all in the evening after chewing ginger candy. C. Hg.

A drawing pain went from the pit of the stomach under the sternum, where it feels like flatulence. 2d d. Mrs. St.

. Pain in the stomach, E., 310; and diarrhœa, *223.

. Heavy pain in the right hypochondrium, towards the back, especially when breathing deeply; noon 4th d. L.

. Stitches in the spleen and pressure in the left eye; slight headache, worse by moving (2 h.), seven, P. M., 2d d. Ch. G.

180. Stinging pain in the left hypochondrium, night, 8th and 9th d. E.

. Stitching pain in the left hypochondrium. 12th d. J. J.

Abdomen.

. Contracting bellyache, passes through the abdomen while standing; soon after desire to go to stool. Fr.

. Slight cutting pain in the left umbilical region. 9th d. Ch. G.

. Drawing pain in the lower abdomen. Ch. G., 160.

185. In the lower abdomen pain, 311; dull, drawing more in the left side; seven, P. M., 6th d. Mrs. E.

. Towards evening a drawing downward in the bowels and lower abdomen, especially in both sides, and when this passed off she had nausea, 11th d.; pressing downwards in the abdomen, 12th d.; drawing downwards in the bowels, eight, P. M., 12th d. Mrs. E.

. Slight drawing pain low down in the abdomen, passing from the right to the left side; it went higher up before passing off. 15th d. Mrs. St.

. Drawing, sometimes stitching pain in the small of the back and lower down in the abdomen, could not sit erect; this pain went up with stitches through the chest, and settled as stingy pains under the left shoulder-blade; pain increased by deep breathing; seven, P. M., 15th d. Mrs. St.

Unbearable sore pain on a small place (comp. 198) in the right side of the abdomen, in the middle of a line from the umbilicus to the hip joint, all day long, after eating ginger-cake the evening before. C. Hg.

190. In the left loin a shocklike moving downwards as from a dropping fluid. Fr.

. Dull pain in the right lumbar region. 9th d Ch. G.
. Pain in the lumbar region more on the left side. E., 247.
. Broken feeling around the hips. 12th d. Ch. G.
. Pressing, stinging pain in the bowels, especially in the left iliac region; fifteen minutes past six, P. M., 16th d. Ch. G.
195. Pressure in the left and right iliac region till he sleeps, five, P. M., 29th d.; pressing pain in the left, evening 30th d.; sore, with pressing pain, five, P. M., 31s td. Ch. G.
. A sudden drawing, stinging pain in the left iliac region, going upwards; three, P. M.. 16th d. Mrs. St.
. After supper felt quite a *sharp pain in the left iliac region*, seven, P. M., 4th d.; a short time after breakfast, 5th d. A.
. Pressing pain in the left inguinal region, with superficial soreness on a small spot, (comp. 189, 386,) two, P. M., 11th d.; over Poupart's ligament, eight, P. M., 11th d. Ch. G.
200. *Debilitating diseases of the intestines, Celsus Aurelianus.
. *Intestinal diseases. Popular medicine in Jamaica.
. *Torpidity of stomach and intestines. Strumpf.
. Much flatulency, 7th d.; ten, P. M., 9th d.; evening 10th d.; before supper 16th d- Ch. G.
. Much flatulency, 2d d., Mrs. St.; by rising from bed, 11th d. Mrs E.
205. More motions, ten, P. M.; rumbling in the left side of the abdomen, flatus; sometimes a slight pain through the bowels, 11th d.; much wind and rumbling in the bowels, 160. Ch. G.
. Moving, rolling in the bowels. 15th d. Mrs. St.
. Colic the whole night, a feeling of weight and drawing with flatulency and much wind. 7th d. Mrs. E.
. Expanded abdomen, 11th d.; distended, 29th d. Ch. G.
. *Flatulency, Ebn Nasavia, Strumpf.; *in gouty persons. Barthez.
210. *Constipation with flatulency. Str.
. Facilitates the action of purgatives. Arabians.
. *Removes mucus and black bile. Arabians.
. Desire for stool after a contracting bellyache. Fr., 182.
. One diarrhœic, brown mucus stool, with much wind. 29th d. Ch. G.

215. Stool soon after pain in the abdomen, ten, P. M. Mrs. E., 311.
. Diarrhœic looseness before breakfast. 2d d. B.
. Two loose stools soon after breakfast. 5th d. A.
. Mucous diarrhœa often during the day, 2d d.; with much wind, 13th d. Mrs. St.
. Soft stool; thirsty all the time. 14th d. Mrs. St.
220. *Nausea after the stool in the morning. Fr., 161.
. Diarrhœa, with acidity of stomach and a bad slimy taste in the mouth. N. N.
. *Diarrhœa from drinking impure water, often in the U. S. army—relieved by a few drops of the tincture in water. Tafel.
. *Had been chilled by the northeast wind, in summer on the sea shore, felt hot and chilly at the same time; and after improper food had disagreed with her stomach much belching and diarrhœa, pain in the stomach, felt very uncomfortable, did not know what to do; could eat nothing, as the taste of every thing remained, particularly for hours after eating bread, and still more after toast. Some ginger tea cured it at once. C. Hg.

Anus.

. π Chewing ginger for an asthma which it did not relieve; very soon hæmorrhoidal tumors very hot and painfully sore; the same whether sitting or lying. Nux vomica cured them. C. Hg.
225. In and around the anus a redness, inflammation, burning, itching extends higher up to the back, in a child after eating ginger. C. Hg.

Urine.

. Urine brighter in color and in greater quantity, 9th d.; clear, bright, and in great quantity, 10th d.; very pale, 236. Ch. G.
. Increased secretion of urine. 2d d. L.
. Increased secretion of urine, 3d d.; profuse, continued so for some time. (*b.*) 2d d. J.
. Urine of strong smell and increased in quantity. 10th d. A.
230. πUrine dark brown. 6th d. Mrs. T.
. Thick turbid urine. (*Nux vom.) L.
. Frequent desire to urinate, 221, 322.

. After urinating the urine continues to ooze in drops. 10th d. A.
. *Complete retention of urine for fifty hours, during recovery from typhus, Jahr's Symptomen Codex II., p. 756.

Male Parts.

235. While urinating, acute pain in the orifice of the urethra. (*Nux vom.) Lippe.
. Stinging, burning pain in the orifice of the urethra; no pain while urinating; urine very pale. 12th d. Ch. G.
. Yellow discharge from the urethra in the night. (*Nux vom.) Lippe.

. Increase of the secretion of sperma. Shah Elkindi.
. Beneficial in cohabitation. Ebn Nasavia.
240. Excites sexual desire. Strumpf.
. Emission in the night. Ch. G., 408, 421.
. Painful erections. (*Nux vom.) Lippe.

. Itching on the prepuce, 14th d., which feels cold and moist. 15th and 16th d. Ch. G.
. Itching on the prepuce. 10th d. A.
245. Itching on the pubic parts. Ch. G., 446, 447.

Menstruation.

. Before menstruation blue rings below the eyes. Mrs. E. 106.
. Menstruation with pain in the lumbar region, more on the left side. 5th d. Mrs. E.
. Drawing pain in the left sacral region in the evening, first day of menstruation, soon after taking 10 drops of IV. 5th d. Mrs. E.
. Menstruation set in four days too early, more abundant, dark clotted; felt very irritable and sick during the time. 10th d. Mrs. E.

Larynx.

250. Some hoarseness. 7th d. Ch. G. Comp. 175.
. Soreness in the upper larynx, like a ridge in it. 1st B.
. Tickling in the throat, more on the left side, for half an hour, three, P.M., till evening. 2d d. E.

. Tickling in the throat, irritates to cough six times, evening. 5th d, J. J.

. *Smarting sensation below the larynx, followed by a cough, with rattling of phlegm.* Fr.

255. Scratching in the larynx, irritating to a dry cough. 11th d. Ch. G.

. Scratching in the larynx causes cough. St., 273.

. Cough excited by a contraction of the skin in the region of the larynx, without any premonitory pain. Fr.

Breathing.

. Breathing through the nose obstructed. Mrs. St., 98.

. Breathing shorter, (for fifteen minutes.) 2d d. Ch. G.

260. Difficult breathing from pain in the right lung. Ch. G., 281.

. Breathing difficult, had to sit up; pain in the right lung. Mrs. T., 291.

. Oppressive heat with headache. Mrs. St., 19.

. Oppressive breathing with fluttering of the heart. 2d d. Mrs. St. Comp. 273.

. *Asthma humidum. Str.

265. *Violent asthma after a proving of Caladium; most laborious breathing, but without anxiety of mind; chewing fresh ginger root caused a burning of the mouth, a running of saliva, and loosening of white, easy phlegm from the larynx, and the difficulty in breathing passed away. C. Hg.

. *Heaves in horses, a very good palliative. Ch. G.

. When breathing deeply, pain in the hypochondrium. L. 178.

. Deep breathing increases pain in the chest. Mrs. St., 188.

. Headache worse from talking or laughing, J. 21.

Cough.

270. Dry, hacking cough with pain in the lungs and difficult breathing; in the morning expectoration. Mrs. T. 291,

. Cough from tickling and dryness of the larynx. 6th d. A.

. Tickling in the throat more on the left side, irritates to cough till evening; soon after ten drops of II. at ten, P. M., tickling in the throat produces cough. 9th d. Ch. G.

. Scratching in the larynx irritates to a dry, hacking cough, feels rancid by it, which makes her drink water. 9th d. Mrs. St.

. Cough from scratching in larynx, night, one to two, A. M. E., 422.

275. Cough excited by a burning and smarting. Fr.

. Scraping cough without stitches. Fr.

. Much coughing before midnight. 11th d., at night, 423. Mrs. E.

. Much coughing, especially in the morning, with much expectoration, which she has to swallow. 7th d. Mrs. St.

Chest—Pressing.

. A soft pressure on the chest while walking, at the time when he does not cough. Fr.

280. Pressure from within outwards under the upper part of the sternum, 14th d.; more on the right side, 16th d. Ch. G.

. Dull, pressing pain in the right lung from the second to the sixth rib in front, worse at intervals, and then somewhat difficult breathing, seven, P. M., 16th d. Ch. G.

. Pressing pain under the sternum, four, P. M., 19th d. Ch. G.

. Pain under the sternum from the pit of the stomach. St., 176.

. π All day pain under the breast bone, 2d d. Mrs. T.

285. After working some she felt violent drawing pain from the right axilla to the sternum, from the third to the sixth rib in the intercostal muscles, nine, A. M., 13th d. Mrs. E.

Chest—Stitching.

. Stitching pain in the right side of the chest, 15th d. Ch. G.

. Stitching pain in the left lower lung, 10th d. Ch. G.

. Several times pain through the middle lobe of the left, St.; lung, nine, P. M., 16th and 18th d. Ch. G.

. Violent, stinging, pressing pain in the left side of the chest, in the region of the heart, four, P. M., 19th d. Ch. G.

290. Stitches through the chest. Mrs. St., 188.
. π At night slept very well till two, A. M., when she awoke with a violent stinging pain in the lower portion of the right lung, breathing was difficult, had to sit up in bed; a dry, hacking cough made the pain and difficulty in breathing much worse. In the morning much expectoration, pain in the right lung lasting the whole day with external soreness. This attack came without any other cause and different, as she was well again sooner than usual. 3d and 4th d. Mrs. T.
. π After motion, stinging pain now and then in the lungs. 5th d. Mrs. T.
. *Asthenic pleurisy. Popular medicine in Jamaica.
. *Pains in the chest. Honigberger.
295. A rising from the stomach into the chest. Fr., 162.
. Broken feeling around the chest, evening 16th d. Ch. G.
. External soreness of the chest, with internal pain. Mrs. T., 291.

Neck.

. Twitching in the muscles of the neck. A., 66.
. A loud, cracking sound in the first cervical vertebra, on rising from sitting, with a little stiffness in the left side of the neck. 10th d. Ch. G.
300. Cracking sound in the region of the first cervical vertebra on looking upward; evening, 31st d. Ch. G.
. Stiffness in the neck, 9th d.; more on the left side. 9th d. Ch. G. Compare 60, 299
. Stiffness in the neck, drawing towards the left shoulder, ten, A. M., 3d d.; in the neck and shoulders, at noon, 15th d. Mrs. St.
. π Stiffness in the neck, 5th d.; worse on motion, 7th d. Mrs. T.
. Stiffness of the back of neck, 3d d.; with headache, 226. J. J.
305. Stiffness in the back of the neck with headache, 19; with nausea. 13th d. Mrs. St.
. Pimples on the neck. Ch. G., 113.

Back.

. Backache in the afternoon passed off and reappeared towards evening. 4th d. J. J.

. Dull, aching, drawing pain in the back, between the shoulders, six, P. M., 10th d. J. J.

. Backache as from weakness, better when sitting and leaning agains something. 12th d. J. J.

310. Stiffness and heavy feeling in the lower part of the back; pain in the abdomen; better after going to bed. 1st d. Mrs. E.

. Drawing pain in the back and lower part of the abdomen worse than the first time (310), had to go to stool soon after, ten, P. M., 3d. Mrs. E.

. Drawing pain in the lower part of the back; evening 4th d. Mrs. E.

. Backache, first low down, but passing off she feels it higher up, eight, P. M., several times, with nausea. 12th d. Mrs. E.

. Dull, aching pain in both lumbar regions, (kidneys,) more in the right side; better when leaning against something. 9th d. Ch. G.

315, Broken around the hips, feels very tired when standing; feels best when sitting. 9th d. Ch. G.

. Lameness in the back, after much walking. Mrs. St., 367.

. Sensation in the small of the back as if beaten, while walking or standing, (three hours.) Fr.

. Pain as from weariness in the sacral region after lying down in the evening, (*Nux v.) Lippe.

. Backache in the sacral region. 5th d. Mrs. E.

320. Stitching pain in the small of the back. Mrs. St., 188.

. *A dull, aching and hot sensation in the left kidney, worse while sitting, with frequent desire to urinate. Raue.

. *Dull aching in both kidneys, with frequent desire to urinate. Raue.

Upper Limbs.

. Fell on the ice on the twelfth day and strained the left shoulder-joint, his arm felt as if paralyzed, could not use it much, very difficult and painful to raise it, much more than was to be expected from the fall; had all through the provings a weakness and drawing pain in the left shoulder-joint. Ch. G. Compare, 345.

. Drawing pain in the left shoulder, eleven, P. M., 2d d. Mrs. St.

325. Pain along the left deltoid, as from overworking; a sensation of lameness, worse from motion, eight, P. M., 9th d. Ch. G.
. Heaviness in the left arm; numbness especially in the forearm, ten, A. M., 32d d. Ch. G.
. Heavy feeling, a kind of lameness in the upper arms. 15th d. Mrs. St.
. Internal trembling of the muscles of the forearm, while holding something. Fr.
. Jumping twitching in the muscles of the left arm, downwards, four and six, P. M., 15th d. Ch. G.
330. Twitching in the muscles of the left forearm, four P. M., 19th d. Ch. G.
. Twitching in the muscles of the right upper arm. 5th d. L.
. Twitching on back part of the right humerus. B., 365.
. After coming into a warm room at noon, (in December,) drawing pain in the left arm, continued all the afternoon and evening, especially in the left upper arm, and worse when coming into a warm room. 10th d. Ch G.
. Pulling, tearing pain along the triceps muscle of the right arm; seven, P. M., 9th d. L.
335. Drawing pain in the right forearm towards the wrist; nine, P. M., 4th d. Mrs. E.
. Drawing pain in the left arm. 1st d. J. J.
. Dull, aching pain in the right arm, going down to the wrist. 3d d. J. J.
. Drawing pain in right upper arm, evening 5th d.; from the inner side of the humerus, in its lower part, to the middle of the forearm; four, P. M., 10th d. J. J.
. πDrawing in the left arm, 4th d.; first in the right then in the left arm. 5th d. Mrs. T.
340. Felt a loud crack in the left elbow on moving. 10th d. A.
. Numbness in the forearm. Ch. G. 326.
. Drawing over the back of the hand, like rheumatism. Fr.
. Heat in the palms of the hands, 35. Fr.
. Drawing cramp-like pain in the palm of the left hand, five, P. M, 31st d., Ch. G., comp.-cramp in the palms, 175.

Lower Limbs.

345. Had long ago a fall, injuring the left hip-joint, but for

several weeks felt nothing of it at all; as soon as he commenced the proving the same soreness returned as after the fall. Ch. G. Comp. 323.

. Drawing pain in both hip-joints, with a feeling of lameness afterwards, the pain came by spells; after two drawing pains followed a little rest, then pain again; it is worse in the left joint; ten, A. M., 7th d. Mrs. St.

. *Pains in the hip-joints. Honigberger.

. Stiffness in both hip-joints, feeling of lameness; five, P. M., 9th d. Mrs. St.

. Twitching in the back part of the right thigh. B., 365.

350. Drawing pain in the outer side of the left thigh; five, P. M., 6th d. Ch. G.

. Drawing in the right thigh, 3d d.; in the left, 16th d. Mrs. St.

. A pain as if from overstraining the muscles in the bend of the knee, 3d. Fr.

. Drawing pain along the inner side of the right patella. 11th d. Ch. G.

. Drawing pain below the left patella; P. M., 16th d. Ch. G.

355. Dull aching, drawing pain, first in the left, then in both knees, extending down to feet. 4th d. J. J.

. Acute, pricking itching in the calves while sitting. Fr.

. A very vivid, drawing (digging) pain on the top of the foot while it is stretched out, (one and half hours). Fr.

. *Painful swelling of the feet. Honigberger.

. Heels ache after long standing. Fr. Comp. Position.

360. Cramps in the soles, 175.

. Pricking, crawling pains in the sole of the foot while walking or standing. Fr.

. Burning, pricking, crawling in the soles, the heels and toes while sitting, particularly burning in a corn on the sole; evening. Fr.

. While sitting in the evening, a fine pricking crawling, nearly an aching-like rawness, in the sole of the foot. Fr.

. Exceedingly painful crawling, like that in parts that have "gone to sleep," and pricking in the balls and soles of the feet while sitting; evenings. Fr.

Limbs.

365. Twitching in the muscles of the back part of the right humerus and in the right thigh; thirty minutes past five, P. M., 2d d. B.

. Dull, heavy sensation in all her limbs soon after 161. Mrs. St.
. Very weak in all the joints; in the back a kind of lameness; had been walking much the day before. 13th d. Mrs. St.
. π Dizziness, and heaviness in all her limbs. 3d d. Mrs. T.
. π Dull, heavy pain in the left vertex and in the arms and legs; 11 A. M., 3d d. Mrs. T.
370. π Drawing and stinging pain in all her limbs as before, after taking cold. 7th d. Mrs. T.
. *All kinds of pains; in China. Scherzer.
. Cold rheumatism. Graves.

Whole Body.

. Inclination to lie down. 6th d. Mrs. T.
. π Prostrated and feverish. 2d d. Mrs. T.
375. Felt somewhat relaxed all over. 2d d. B.
. Lassitude in all her limbs, 10th d.; tired and sleepy, 397. Mrs. E.
. Feels tired (393) all over in the afternoon, 7th d.; on standing, 315 Ch. G.
. Feels very unwell all day. A.
. A feeling of sleepiness and exhaustion all day and evening; felt a little better in the afternoon and in the air. 9th and 10th d. A.
380. She feels exhausted, fluttering of the heart; languid; has an empty sensation. 3d d. Mrs. St.
. π Very weak and general feeling of faintness Mrs. T.
. Fainting weakness. Mrs. T. 40.
. Sensation as if she were going to faint. St., 52.
. *Aiding recovery from long lasting fevers. Str.
385. *Hypochondriasis. Str.
. If epileptics smell it, it brings on spasms. Alex. Tralles.
. A young dog after taking twenty drops of the tincture three times within two days, urinated very freely and often, and was attacked with fits, foaming at the mouth four times within two days. Ch. G.

Sleep.

. Yawning in the morning, 395.
. Was very sleepy in the afternoon. 3d d. L.
390. Sleepy all the time in the afternoon, towards evening. 9th d. Mrs. E.
. Very sleepy all the afternoon. 2d d. J. J.

. Very sleepy towards evening. 5th d. Mrs. E.
. Sleepy, tired, eyes affected by the light. 15th d. Ch. G.
. Very sleepy all the morning, after good night's sleep. 3d d. J. J.
395. After a good sleep at night, very sleepy all the morning, with frequent yawning. 9th d. Ch. G.
. Very sleepy, as if she would lie down. 3d d. Mrs. E.
. Sleepy, tired nearly all the time since the proving; never slept well during the night. 9th d. E.
. Sleepy and lazy, as if from spring-fever. 3d d. J. J.
. *Coma. Str.
400. Irritable, lazy sleep. 15 th d. Mrs. St.
. Unrefreshing sleep. 9th d. Mrs. E.
. Did not sleep much at night. 5th and 6th d. J. J.
. Sleepless in the night; wakens at three, A. M.; falls asleep again late in the morning, (*Nux vom.) Lippe.
. Wakefulness the latter part of the night 3d d. B.
405. Awakened very early. 4th d. Mrs. St.
. In the night many dreams, 5th and 6th d.; frightful, 9th and 10th d. Ch. G,
. Sleepless till towards morning, falls from one dream into another; dreams of fire, fright, &c. 10th and 11th d. Ch. G.
. In the night many dreams, (dancing, throwing somersets by an old man,) incomplete emissions; wakened up, 14th and 15th d.; dreams of fire, 31st and 32d d. Ch. G.
. In the night no refreshing sleep; dreamed all night, 2d and 3d d.; sleepless, half awake, dreamed all night. 6th and 7th d. E,
410. Felt very sleepy, slept from six till nine, P. M., with very lively dreams. 9th d. E.
. Anxious dreams, 3d to 4th d.; not unpleasant, 4th to 5th d.; anxious, 8th to 9th d. Mrs. E.
. Sleeps well till two, A. M., then restless and sleeps with many dreams (of the church). 10th and 11th d. Mrs. E.
. Sleeps well at night, with many dreams, pleasant, 2d and 3d d.; unpleasant, 3d and 4th, 12th to 13th; still many dreams, 3d week. J. J.
. Wandering dreams; the dreams varied somewhat, cheerful, vivid and aspiring. 3d d. B.
415. At night thirst; in the morning dry lips and mouth. 6th to 7th d. Mrs. St.
. Dryness of the throat on awaking. L., 136.

. Nausea after a short, unrefreshing sleep; could not get to sleep again. 8th to 9th d. Mrs. E.
. Cannot sleep from heaviness in the stomach, 175.
. Hypochondriac pain at night, E., 180.
420. Colic and flatulency the whole night. Mrs. E, 207.
. In the night, emissions. 5th to 6th d. Ch. G.
. Was often awakened in the night by dry cough from scratching in the larynx, one to two, A. M., 4th to 5th d., and 8th to 9th d. E.
. Cough in the night. 12th to 13th d. Mrs. E.

Fever.

. Cold hands and feet alternately, 15th d.; cold feet and cold hands, 429. Mrs. St.
425. Chilliness commencing in the lower limbs and creeping upwards to the back four to five times, lasting each time ten minutes, in the evening. 1st d. Mrs. St.
. A chill from below upwards each time after taking the medicine. 7th d. Mrs. St.
. Very chilly, with faintness and sick headache. Mrs. St., 52.
. Cold shiverings. 15th d. Mrs. St.
. Chilly towards noon, thirty minutes past eleven had first cold feet, then cold hands. 16th d. Mrs St.
430. Creeping chilliness, more about the trunk, evenings in the warm room, 6th d.; during the evening of 7th d. A.
. *Previous chilly sensibility to open cold air is leaving him. 2d d. B.
. πIrritable and chilly in evening. 3d d. Mrs. T.
. *Chilliness. Honigberger.
. *Hot and chilly at the same time, 223.
435. Heat in the face and in the palms of the hands, (one hour). Fr.
. πPulse hard and full; heat, with redness in the face; humming in the ears; lasted thirty minues, eleven, A. M., 3d d. Mrs. T.
. Increased temperature of body. Str.
- Heat with headache. Mrs. St., 19.
. Pulse from 72, and weak, to 84 and full. Ch. G., 16.
440. Pulse in the evenings full, hard and slow. 6th d. A.
. Accelerated circulation. Str.
. *Long lasting fevers. Popular medicine in Jamaica.
. *Intermittent fever. Str.

Skin.

445. Skin feels relaxed, soft and pliable. 2d d. B.
. Itching on the scalp, in the beard, and on the pubic parts. 11th d. Ch. G.
. Itching of skin in the beard and pubic parts, he has to scratch. 14th d. Ch. G. Compare 69, 70, 104.
. Reddening of the skin, with sensation of heat and stinging. Str.
. *Dropsy. Strumpf.
450. Pimples on the face, head, neck,, L. 113, nose 105, face 113, 114.

Other Drugs.

. Tobacco, no appetite for. A., 143.
. Nux vomica is the antidote. Goullon. R. Wesselhœft, comp. h. C. Hg.
. *Hæmorhoidal tumors 224. C. Hg. *318, 231, 242, 235, 237, 403. Lippe.

Cold and Heat.

. Feels much better in the open air, 379, except the watery discharge of the nose, which is worse, 100, on 10th and following days. A.
. Headache from walking in the open air, 4 Fr.; headache worse. A., 29.
455. Toothache after being in the open air. J. J., 121.
. Headache in the warm room. B., 31.
. Headache lessens on being in the room, Fr. 33; better in a warm room. Mrs. St., 52.
. Pain in the arm in a warm room, Ch. G.; 333, chilly. A., 430.
. In the cold church, headache, fainting and chilliness, 52,
460. Headache while the head is covered, relieved by being uncovered. Fr, 33.

Touch.

. Sore to the touch, head. B., 67.
. Soreness of the vertex on touching. J. J., 48.
. Headache disappears after touching. F., 65.
. Rubbing relieves sensation of sand in the eyes. Fr.
465. Leaning against something relieves the pain in the loins. Ch. G., 314.

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"THE OTHER SIDE."

BY AD. LIPPE, M. D.

In the British Journal, vol. xxiii, pp. 680 and 681, the following passages will be found :

"But when Dr. Lippe says, '*the notes left out stamp Dr. Rubini to be a Hahnemannian;* by omitting them *he may be claimed by the other side;*' we feel at loss what Dr. Lippe means.

"How can notes of the character described, stamp a man a Hahnemannian? What is a Hahnemannian? Are not all Homœopathists Hahnemannians? If not, will Dr. Lippe have the goodness to define what a Hahnemannian is, and at the same time point out the particular words or passages in those two notes that indicate the Hahnemannian? Further, wherein the Hahnemannian resembles or differs from the Homœopathist. We should like to know which of the two is the better practitioner, or more agreeable companion. And then we should like to know which is '*the other side,*' that may claim and carry off Dr. Rubini, if his notes are omitted."

I hope the learned editors of the British Journal will excuse my long delay in answering their questions. But other

public engagements, principally the duty with which I have been charged of instructing some eighty-five students of medicine in Hahnemannian Homœopathy, have hitherto rendered it simply impossible for me to give these questions the attention to which, from the respectability and courtesy of their source, they were entitled.

In a note to the Clinical Observations, in his Monograph on Cactus, Dr. Rubini says:

"Here it is necessary to remark how impossible it is to state precisely the dose of a medicine. It is always left to the judgment of the attendant physician to proportion, at the bedside of the patient, the strength of the medicine to that of the illness. It is also important to notify, that too strong a dose can, instead of ameliorating the illness, produce irritation or aggravation. And this might be made still more serious, if the doses also were repeated daily. The patient would then become discouraged, and would fall into the great error of believing that the remedy was not suitable, or that his organism was unable to bear it. These erroneous and false conceptions are very frequent, and so firmly established that the physician is, at times, forced by the patient himself to change the prescription. This change itself would be an error in practice, and perhaps there could be no greater. * * * * * * * Hahnemann in the beginning used the mother tinctures; but afterwards, having learned from facts, he cured with the 100th; later with the 10,000th; then with the 1,000,000th, and finally with the 10,000,000th part of a drop; and then he saw no more irritation or aggravations."

This is Hahnemannian doctrine, pure, true and clearly stated; and its hearty acceptance by Dr. Rubini, stamps him as a Hahnemannian, *sans peur et sans reproche.* And it is in opposition to just such doctrine as this, that "the other side" among the so-called Homœopathists contend. (See, in this connection, the famous testimony given at Toronto, Canada, which says, as to the proper Homœopathic dose, "*we endeavor to stop short of symptoms of poisoning,*" and which the British

Homœopathic Medical Journals have rather sustained than controverted.)

Dr. Rubini states that Hahnemann *learned from facts to cure by diminishing the dose.* The simplex then is Dr. Rubini's rule. Such cures by a simplex appear to be strangers to some of the writers of the British Journal. Dr. Rubini also advises individualization,—which seems no less strange to those who desire most of all to generalize.

All Hahnemannians are Homœopathists; but all who pretend to be Homœopathists are not Hahnemannians. And in fact, so fearful are some of them, lest they should be called Hahnemannians, that they take pains to disclaim the name in advance.

And those who, while calling themselves Homœopaths, still assert that if Hahnemannianism were Homœopathy, it (*i. e.* Homœopathy) would have been dead long ago,—who deny the law of the simplex, and who repudiate the minimum dose,—all these most certainly are not Hahnemannians; and what they are pleased to term Homœopathy, is something as different from the practice as it is opposed to the precepts of Hahnemann.

However great the respect which we all ought to feel towards the founder of Homœopathy, this certainly should not hinder our improving upon his practice by still further developing his principles. While if we imagined ourselves to have discovered other and better principles, which should supersede those laid down by him, and should consequently adopt them—we should no longer be Homœopaths even.

But for those still professedly remaining in the ranks of his followers, it is interesting to ascertain which class of practitioners are actually the most successful,—those who faithfully adhere to the principles which Hahnemann himself made the basis of the system of medical treatment which he designated as Homœopathy,—or those who consider Hahnemann to have been a well-meaning old gentleman enough, and that his views were, perhaps, quite creditable for the time in which he lived, but that they are now decidedly antiquated

(if not altogether exploded) and that the system of practice he enjoined is not to be compared with so-called Homœopathy which is most fashionable at the present time.

And if our friends of the British Journal are sincere in asking which is the *better practitioner* (by this being understood the *more* successful practitioner) we would reply, the answer is not far to seek. On the continent, the Rinderpest was treated recently *with great success* by Homœopathists who were Hahnemannians. In England, the same disease was treated *with very poor success,* by physicians who, while claiming to be Homœopathists, pursued a system of drug-medication, which, had the venerable Hahnemann seen it in his lifetime, would have brought the silvered locks of the Founder of Homœopathy with sorrow to the grave. Thus, while as far as principle is to be made the test, he must be esteemed the better practitioner, who adheres most faithfully to the principles which he professes to follow, as far as success is to be considered the criterion, the instance we have just referred to, would seem a sufficient answer to the question.

We may offer a still broader range of illustration. Neither the splendid success of Hahnemann in the later years of his practice, nor the remarkable success which attended his earlier disciples and immediate followers, who scrupulously adhered to his therapeutic principles and practical method, can now be denied. Contrast with this the admitted, comparative ill-success of almost an entire generation of physicians, who do not so adhere to strict Homœopathic principles and practice; and the conclusion will come home to the mind of every unprejudiced person, that there is an inseparable connection between the "better practitioner," considered *a priori* with reference to purity of principle, and the "better practitioner" considered *a posteriori* with reference to practical success. And when, in addition, we hear complaints of the insufficiency of strict Homœopathic principles and of the inefficacy of infinitesimal Homœopathic medicines (such as Hahnemann found amply sufficient and such as many of

his disciples have ever found perfectly satisfactory), the natural conclusion is that the fault is not so much in the *law* of Homœopathy, or in the Homœopathic medicines, as in the physicians themselves, who at the same time disregard the law and (by necessary consequence) incorrectly administer the medicines.

Having thus endeavored to render intelligible, even to the comprehension of our friends of the British Journal, what we did mean in our criticism upon the omission of certain notes of Dr. Rubini's; having attempted to show that these notes stamp Dr. Rubini as a true Hahnemannian; having, as we hope, not unsuccessfully labored to show what a true Hahnemannian is, and what a so-called Homœopathist may be; and having to the best of our humble ability answered the question of the "better practitioner," in such a manner as to still further illustrate the remarks immediately preceding, we come now to the final question,* "*what is the other side?*"

There are always two *sides*,—of which, if one is the better side, the other can hardly be the best,—if one is the wrong side, the other must be the right. And we think very few persons will find themselves unable to perceive the difference between the two, which it has been the object of the present paper to illustrate. A difference marked by no indefinite line; but by one which ranges on *one side* strict adherence to Homœopathic principles, medicines and practice, and on the *other side*, professed disregard for such strict principles, the substitution for them of chemical or pathological theories, the employment of methods of practice against which Hahnemann protested, and the use of medicines,

* We say *final* question, as to those in the article from which we quote. There are indeed a few interrogatories (explanatory or conjectural), which have reference to political themes. However much we should enjoy discussing these with our English friends, their entire irrelevancy to the pages of a medical journal, as well as want of space in the Monthly and of time on our own part to do justice to so wide a range of subjects as international, home and foreign politics and social and political economy, will preclude us from introducing them.

in mixed, massive, and frequently repeated doses,—diametrically opposite to his entire system. On *the one side* appears such Homœopathy as is in accordance with the principles, the precepts and the practice of Hahnemann and his beloved disciples; *on the other,* looms up that form of the so-called Homœopathy of the present day, *which has honesty enough not to assume to be identical with the former, and boldness enough to claim to be something better!* Shining brightly on the one side we see the symbols of success, and we hear grateful plaudits from those who were ready to perish! On *the other side,* are heard confessions of general and comparative ill-success, complaints of the inapplicability of the Homœopathic principles or law of cure to all classes of cases, and of the total insufficiency of dynamized (Homœopathic) remedies in many forms of disease.

While we would neither reject the recent discoveries and improvements in chemistry and pathology, nor underrate their true usefulness in medical science, we are still very far from being able to find in them either total or partial substitutes for the law of the similars, or truly scientific reasons for transgressing that law by administering unhomœopathic medicines. And in fact, we believe we do see in the remarkable and admitted success which follows the strict application of this law (even by the much-derided symptomatologists), ample proof that *this law of the similars underlies at once all the chemical and physical structure and all the still higher and inseparable physiological constitution of the human system.* This may seem "to the Greeks foolishness;" as it most certainly has ever been a stumbling-block and a rock of offence to the learned of the Old School,—and even to some who would fain be distinguished in the New. But it is none the less true that Nature is a jealous mistress, and appears much more disposed to award the palm to those who sit at her feet and learn of her, than to those who, buoyed up by self-flattering theories and the plausible conclusions of partial and superficial science, imagine themselves her superiors.

CLINICAL STUDIES OF SOME DISEASES OF THE EYE.

BY JAMES B. BELL, M. D.

"Amaurosis sei jener zustand, wo der Kranke nichts sieht, und—auch der Arzt nichts." Ph. von Walther.*

This pithy saying of Von Walther's, covering so long a period in the history of diseases of the eye, before the invention of the ophthalmoscope, is not yet wholly without meaning. The only difference between the present and the past is, that whereas once the physician could not see, now he does not look. The busy practitioner is often content to cure without knowing exactly what he has cured. The fortunate masters of a science which points us to the most delicate expressions of nature as our guides in curing the sick, we should not therefore neglect the sciences of Diagnostics, Prognostics and Pathology, which will enable us to proudly show what our gentle means will do.

It is hoped the following cases will only be regarded as exceptional, as to their successful issue, by those who "can boast of no *one remedy* cases."

Case I. S. S. G. A man of medium size, spare of figure, forty-seven years of age—blue eyes—light-brown hair; a farmer. On the twenty-fifth of February, 1859, was at work piling some wood with his head down, when suddenly upon looking up the air seemed to be filled with sand, and in a few moments he could not recognize his own children with the right eye. The left eye had been highly amblyopic from infancy—he being able to distinguish only coarse objects with it. This state of the right eye lasted about eighteen

* Amaurosis is that condition where the patient can see nothing—neither can the physician.

days without any pain or unpleasant sensation, when the sight began to improve, and he soon became able to read some, and could see quite well, though never as well as before.

Nearly three years later, December 19, 1861, when lifting again with his head down, he was suddenly deprived of sight as before. He seemed to look through a thick, red mist, but was able to go about and do some coarse work by the aid of the imperfect vision of the left eye.

Fifty-two days, this time, he remained in this condition, and the latter part of that time he had some treatment from a good Allopathic Ophthalmologist. His sight gradually returned as before. Since the first attack there has been constantly much mist and some spots in the field of vision. Three years after the last attack, December, 1864, he began to observe that these imperfections were increasing and his power of vision growing gradually less. This continued to be the case until June 7, 1865, when I first saw him. The following is a description of his case at that time.

Can read with difficulty No. 14 of Jaeger's tests (letters of this size, **May-day)** with the right eye, for a short time, then the letters become indistinguishable.

Cannot read at all with the left eye.

Attempting to read fatigues the eyes, but produces no lachrymation.

The following symptoms belong to the right eye:—

Constant mist before the eye, causing him to rub it, with temporary improvement.

Many flying black spots when looking at a white surface.

A small spot on the snow in winter looks as if covered with rapidly-hopping fleas.

In the morning after breakfast, upon closing the eye, sees a most splendid iridescent circle,—moving the eye breaks it up and causes it to disappear.

When closing the eye a wavy appearance, like concentric waves in a dish of water.

Sparkling, like stars, before the closed eye.

Appearance of light in the eye when closed.

Momentary blackness before the eye.

Halo about the candle.

CAN SEE BETTER IN THE TWILIGHT OR WHEN SHADING THE EYE WITH THE HAND.

Moving the eye quickly upward, then downward, brings a black cloud before the vision, which gradually disappears again.

The eye has no abnormal appearance externally and the pupil reacts readily to changes of light. The retina of the right eye can be but dimly seen with the ophthalmoscope, as through a greenish, opalescent mist, but it seems to be of somewhat heightened color. The boundaries of the Nervus Opticus cannot be distinguished from the surrounding retina. No floating spots are discovered in the vitreous humor, but when the eye is quickly raised and then dropped again, a greenish translucent cloud obscures the retina, then gradually retires.

Diagnosis. Chronic Retinitis with extravasation of blood in the vitreous humor.

The retinal affection is not confined to the periphery, as is frequently the case, but is also central; since the centre of the field of vision is as obscure as any part. The periphery is perhaps even less affected than the centre; as the patient sees best, when the pupil is dilated, by shading the eye.

Prof. Arlt* says: "In sub-acute or chronic inflammation of the retina, the most prominent symptom is *gradual loss of the power of vision.* * * * * Most patients complain also of *appearances of fire,* particularly in the dark or on closing the lids, and which they describe as red, yellow, blue, or white flames, sparks, or lightning, or a kind of gold or silver rain."

The extravasation of blood was the cause of the sudden attacks of loss of vision. The sudden blindness, appearance of sand in the air, and thick red mist, are characteristic—

* Augen heilkunde, III B. S. 122.

particularly when occurring during the violent exertion with the head down. The absorption of the blood has been slow and incomplete. The floating cloud consists of the disorganized blood—and the vitreous humor is also rendered abnormally fluid, allowing the foreign particles to float and gravitate. This is a frequent result of this condition.

Whence was the hæmorrhage? From the choroidal or retinal vessels? Did it occur posteriorly or from the ora serrata? In this case we cannot tell. We discover no fine dark points upon the retina, whence it exuded, as in some cases; nor have we any other sign.

The chief cause of the present loss of vision is the retinal affection. No blood has been poured into the cavity of the bulbus for three years, and the former exudation has been gradually absorbing, yet during the last seven months the vision has constantly grown less.

Prognosis. "Peripheral retinitis is less grave than the central. It either remains confined to the periphery, or progresses very slowly. *I have never yet seen full recovery from central loss of vision resulting from retinitis.* Most patients delay too long before applying for assistance, and few have the patience to continue the treatment a sufficient length of time."* This is an Allopathic prognosis, and from one of the very best authorities, and is probably a good statement of the natural history of the disease, as Prof. Arlt's treatment is not, to any extent, the old, revulsive, but the modern, expectant. The italics are mine. In this case we have all the unfavorable conditions which he names. The affection is central and the case is already of six years' standing.

The hæmorrhage is only important as resulting from the retinal affection. Traumatic hæmorrhage, occurring within the bulbus, may be quickly absorbed again, leaving no permanent injury of the power of vision.

Therapia. The appearances of light and colors are striking

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* Arlt, ib., p. 128.

symptoms, but are produced by many drugs, chiefly, however, by *Bell., Conium, Phos., Phos. ac.*

The halo about the candle, by *Phos., Sulph.*

The mistiness and flying flies, by *Calc., Caust., Croc., Phos.*

The symptom, however, which is produced by one remedy only, and which is "most strange, peculiar and characteristic," is "*sees better in the twilight or when shading the eyes with the hand.*" Only Phos. has this, (which may remind us also that it will be the remedy for central cataract, in which patients also see better in the twilight or upon shading the eye,) and it also has all the other symptoms in greater or less degree. Mr. G. received Phos. 200 (Jenichen), one dose dry on the tongue, June 7, 1865, and a supply of Sac. Lac.

Seven days later he observed that he could see the figures in the almanac more distinctly and could distinguish the fences upon his farm at greater distances.

Fourteen days later (June 21) he reported at the office, when he could read easily No. 9 of Jaeger (Gentlemen).

July 4 (after 27 days). Feels that the mist is disappearing and the sight decidedly improving. Can read No. 5 (Ambition) easily.

August 24 (after 78 days). Can read a few words of No. 2, (An air of mystery.)

January 23, 1866 (after 7 months). Can read easily No. 1, (The first of May,) which is trying to most sound eyes, and which few people of forty-seven years of age can read at all.

There is still some opacity of the vitreous humor as seen with the ophthalmoscope, but the optic nerve, with its vessels, is quite clearly marked. The movable cloud has not wholly disappeared, but is very much less. The subjective symptoms are all gone, with the exception of a slight "wavy" appearance when closing the eyes. The left eye is unchanged.

(To be continued.)

The Western Homœopathic Observer; March.—This Journal, edited by Prof. W. T. Helmuth, and Dr. G. S. Walker, always contains some useful and valuable material. Prof. T. is a copious surgical writer, whose untiring industry enables him to bring before the public the history and results of an extensive operative practice.

EPIDEMICS IN CAYUGA COUNTY DURING 1865.

BY C. W. BOYCE, M. D.

During the months of August, September, and October, 1865, the most fatal epidemic which has ever been known in the county of Cayuga prevailed. It was of the type of dysentery. Most of the cases were pure dysentery; but many of them were so rapidly fatal, that the characteristic discharges were not very marked, and in some they were entirely wanting.

As far as has been reported, this epidemic seems to have been wide spread, and equally fatal. From all parts of the State, from New Jersey and Pennsylvania, we hear the same account of its extent and fatality.

In our county the disease first appeared in most beautiful weather, on the high ground between Cayuga and Owasco lakes, where no general epidemic ever prevailed before. This region has always been noted for its salubrity, and no local cause is yet known for the appearance there of this disease. Even during the prevalence of the different cholera epidemics elsewhere, there have never been any cases here. In a circle of several miles, where it first made its appearance, nearly every person felt some symptoms of the disease; and it is remarkable that here it lingered longest and was most fatal. All cases where the patient was under ten years were very severe, and nearly all were fatal.

The disease soon spread over the high ground between Lakes Owasco and Cayuga from the south, until it came within four or five miles of Auburn, when it took its course around the south end of Owasco lake, and so north between Owasco and Skaneateles lakes, making a sweep over the high

ground between those lakes, and so on northerly to lake Ontario. It is remarkable that every epidemic in this vicinity takes the same course, from south northerly—not always in a straight line—until it stops at the shore of Lake Ontario. We have no report that any has crossed into Canada. There has been no deviation from this course, except with diphtheria, which first appeared in Auburn, and spread both north and south. An extensive epidemic of scarlet fever, a few years since, commenced on the east shore of Cayuga lake, and made a straight wake northeast for Lake Ontario. Typhoid fever, also, has taken the same course, but lingering longest, in its course, about Montezuma and the Seneca river.

Our present epidemic was prone to linger, and, when it seemed to be gone, new cases unexpectedly appeared. The greatest fatality was during the first few weeks of its passage.

There is a rapid ascent in the region between these lakes. Owasco lake is about seventy-five feet higher than Cayuga, and Skaneateles lake is about one hundred feet higher than Owasco. The distance between the lakes is about nine or ten miles severally. Leakages from Owasco lake make a large stream, which pours into Cayuga at Union Springs, where water-power for thousands of runs of stone is in use, doing mill business for a large town. No such extensive leakage comes from Skaneateles to Owasco lake, yet it is known that many small streams do go from the one to the other. The water in these lakes is remarkably pure, and that from Owasco, as shown by analysis, is the purest of any from Albany to Buffalo. There is no large tract of low land between these lakes, and none in the county, except north of Auburn, at Montezuma, and along the course of the Seneca river. From the low lands of New Jersey come reports of this epidemic, and they correspond with ours in result and conditions. In Cayuga county, the reports from the low lands north have been more favorable than those from the high lands south. Physicians from this section (north) report few deaths, and have not found the disease more formidable than in preceding seasons.

There were three grades of this disease during the dysenteric epidemic. In some families all were present at the same time. In one family in particular, of six persons, all had the disease, and of this number two died. All the shades of the disease were present in this family. The first one attacked was a little girl of six years. She had high fever, with frequent dysenteric discharges of bloody mucus. This case lasted several weeks before convalescence, with distinct typhoid stages. She did best on Rhus tox. The father was next attacked. He had no fever, and was about during the whole course of the disease. The passages were simply bloody mucus, with tenesmus. Every hour, night and day, the passages continued, without intermission, for ten days. Nux alone gave relief. The next case in order was a rugged boy of four years. He was taken in the night with vomiting of green, offensive smelling, watery fluid. Moderate thirst was present. At first the passages from the bowels were dysenteric, but they soon became watery and very offensive. There was no great pain, and he was dressed nearly all day, and only gave up after either vomiting or purging. Prostration followed the vomiting or purging. During the second night he passed into a stage of collapse, from which he never recovered. The countenance became bluish and the face cold; cold sweat broke out over the whole body; there were great restlessness and tossing, with desire to be uncovered; the thirst was not very intense. The mind was clear until the very last. At 9 P. M. Arsenicum was given, and repeated every hour until 3 A. M., with no abatement of the symptoms. At this time Veratrum and, finally, Carbo veg. were given, but with no relief. He lingered until noon the next day, when he died.

Taking this case in its *ensemble* of symptoms, and comparing it with the Materia Medica, no remedy seemed so appropriate as Arsenicum. Yet it had not the slightest effect; nor could it be seen that this remedy did the slightest good in any similar case. All who were thus attacked in the fatal district died.

There were two symptoms in this case which, on after research, called for Secale cornutum, and it has been a source of great grief to the writer that this remedy was not given. These symptoms were, in addition to others, vomiting of green, offensive, watery fluid, and the desire to be uncovered, although the flesh felt very cold to the hand of the bystander, applied to the patient. (A remedy with which Dr. Robinson has been very successful in these cases of collapse, with the above symptoms, is the mother tincture of Aconite rad., in nearly drop doses. Dr. R. tells me that he arrested one case, in Auburn, where the child vomited in the commencement of the disease, with tinct. Acon. and tinct. Nux in solution, alternately.)

The next case in order, in our family, was a boy of eighteen months. He was cutting teeth, and was disposed to irritable bowels. This case sunk gradually, and died after nearly two weeks of suffering. The passages were green, bloody mucus, with clotted milk in lumps. No remedy relieved. A young woman was next attacked; but, as there were no ties to bind her to the place, she went out of the infected district, and soon recovered. Next in order, the mother had the disease. She was never confined to the bed. The characteristic symptom with her was *stools* on *motion.* Bryonia relieved.

The history of this family was a common one. Many families lost more, and in some all died.

To return. The three grades of the disease were: First—the most common—without fever. This affected the rectum only. The first indications were, disposition to stool, with tenesmus. Prostration to an undue extent was always present; and, although the patient was usually about the house and vicinity, he was surprised that a disease, seemingly so slight, should make him so weak. These cases were prone to continue, and no one remedy controlled all cases. Within two miles, on a country road along the west bank of the Owasco lake, ten persons, at one time, had the disease, and no two cases presented the same characteristic.

Generally, those who were worse at night, with tenesmus after evacuations, were relieved by Mercurius corr. This remedy, in the 200th dilution, did the best. Other cases, characterized by the evacuations taking place at regular intervals during the day and night, about an hour apart, did not answer to any remedy. However, none died.

The second class of cases was more decidedly severe. The disease extended to the large and often to the small intestines. Fever and intense pain in the abdomen were always present. Tenesmus was also a certain symptom, with almost constant urging to stool. The stools were bloody, slimy, and green. In all cases prostration was a marked symptom. All of these patients lingered and convalesced slowly. In Auburn few died. We seemed to be, if I may be allowed the expression, on an island, whilst the country all around us was like a stormy sea. Our bark rode safely into port, with the loss of a few spars and ropes, whilst to the south and southeast the storm raged with destructive power, wrecking many a noble ship and destroying whole fleets of smaller sail. Between Owasco and Skaneateles lakes this class of cases was very fatal. In many families from two to four adults died. They differed from the usual dyenteries only in intensity. Those cases under the observation of the writer presented the symptoms of severe inflammation of the intestines. The aggravations were at night, and the tenesmus most intense. Stools were very frequent, both night and day, with great pain in the abdomen. One case, a lad of fourteen years, was taken with chills, followed by fever and thirst. Almost at once dysenteric stools came on, with tenesmus after stool, and constant pain in the abdomen. The stools consisted of blood, mucus, and lumps of green substance, and were frothy. Each passage was accompanied by so great pain that he nearly fainted. Sitting with him by the hour and counting the number of passages, they were found to occur every ten minutes, and this continued for a whole week. Merc. corr. 200 was the only remedy which relieved. The disease yielded to this remedy in a few days, and he convalesced slowly. Another

case, under the care of Dr. Robinson, Jr., where the pain was so intense as to allow no rest at all, and which was getting rapidly worse, notwithstanding the use of all the indicated remedies, was arrested and cured very soon by Mercurius dulc. $\frac{1}{10}$. The patient, a highly intelligent young lady of twenty years, almost at once, after getting a powder of Merc. dulc., said, "That medicine helps me, and it is the first that has had any effect." A powder at first gave her relief for an hour, but after a few doses the relief lasted longer. When the pain came on she asked for a powder, and it never failed to give relief. She convalesced rapidly, and continues well. Dr. Robinson expects to report this interesting case in an article on dysentery, which he is preparing, and in which he expects to give his views of dysentery, the result of years of careful study and thought. Other cases of the same grade were not relieved in the same prompt manner with the same remedy, either in Dr. Robinson's practice or in mine.

A third class, principally amongst young children, was almost certain to destroy the patient. Only one case of recovery can now be recalled. The little patient was usually taken in the night with vomiting; perhaps only once the first night, and the next day vomiting continued, and the characteristic dysenteric passages came on. At first the matter thrown from the stomach consisted of the ingesta, but subsequently it was a green, watery fluid, with offensive odor. Perhaps in twenty-four hours the discharges from the bowels changed from blood and slime to this dark water, and horribly offensive. With these passages came collapse, and the patients sank in a few hours. No case of recovery has been reported in our section, after the advent of the stage of collapse. The most serious cases were not accompanied by great pain, nor were they in the commencement supposed to be serious; but we very soon learned, where vomiting came on, that we had before us a disease that baffled all our skill. In this stage there were restlessness, anguish, thirst and tossing; a dark-blue shade on the countenance—in fact as perfect

a collapse as that in Asiatic cholera. The urine was suppressed. In the treatment of this third class we have nothing to offer. No remedies, in our hands, did any good, and we can only regret that Secale cor. had not been given.

Taken as a whole, the treatment of this epidemic was not a success. Although many cases were cured with great promptitude, and the great majority got well, yet it is always saddening to know that even one patient has died on our hands, who but shortly before was in perfect health and not worn out by age. In our Materia Medica, present and prospective, there is a remedy for every ill to which flesh is heir, and we are wanting in knowledge when even one case, during any epidemic, fails to get well, if it has been under our observation from the inception of the disease.

From these indications, what is the lesson of the hour? Is this epidemic but the forerunner of one yet to come? If so, the messenger is one of evil omen. If in the healthiest region of our State, and where no such fatal epidemic ever raged before, we have been visited by so fatal a disease as the one described, what may we not look for next summer? This experience should teach us to be ever diligent in searching out the peculiarities of the Materia Medica, so as to be ready, when a new epidemic or disease visits us, to apply the remedy and to know the similimum to the disease before us. Dr. Hering teaches and gives as the result of his experience, that in all general diseases there is what he calls the "genius epidemicus," which points to the remedy, and that some one remedy will cure nearly all cases; and when this is once found there need be no fear that the disease would not be subdued. Different localities call for different remedies, as the "genius epidemicus" is not the same universally. No such general remedy was found for the epidemic of last fall, but each case was individualized and treated as if no other case existed. Perhaps no remedy was oftener called for than Merc. cor.; and, as far as reports have been received, the higher dilutions were most efficacious. Arsenicum did well. Our county Society had no committee on epidemics, and in consequence there was no united effort to gather the experience of all its members, so as to render it useful.

A NEW PROVING OF LACHESIS.

BY B. FINCKE, M. D., BROOKLYN, N. Y.

Oduram Lachesin!
Ovidius.

This great remedy was, as early as 1831, introduced into our Materia Medica by Dr. Hering, the indefatigable explorer. (Archiv f. hom. Heilk. Vol. X. 2, p. 1.) His provings of Lachesis are, it is well known, the most elaborate, and ranking with Hahnemann's own. (Wirkungen des Schlangengiftes, zum aerztlichen Gebrauche vergleichend zusammengesellt durch Constantine Hering, Leipzig bei E. Kummer, 1837, gr. 4, S. 116. Out of print and very scarce.)

At one time doubts have been raised about the efficacy of Lachesis. This was owing, partly, to the circumstance that, under the name of Lachesis, a different article has been sold (as in Paris), and partly to the want of homœopathicity in the given case. Now our best minds have it firmly established beyond cavil, that the medicine derived from the original and genuine poison, which Dr. Hering (July 28th, 1828) took from a Trigonocephalus Lachesis, in Surinam, does really possess the properties and virtues presented by his provings.

The following is a new proving of this Lachesis, obtained by a high potency, viz., the 41-thousandth dilution from the sixth trituration of Dr. Hering's original Lachesis-virus. The dose was taken before menstruation, which, probably, favored the development of latent qualities of the poison. The results are remarkable indeed. They confirm the symptoms observed in previous provings, give more or less exactness to some points of the picture, and, besides, present some new features, which have great therapeutical value, and a

peculiar interest in a psychological and physiological point of view.

As part of the history of this proving, I may say, that after the most characteristic symptoms (a sort of Nymphomania) had developed, a gentleman, who had the opportunity of witnessing the strange phenomena, and felt alarmed at the direction which the symptoms were taking, called on me about the matter, and pointed out to me, in short, the main features of the case. Then, with due delicacy, I inquired further, and subsequently the prover herself communicated to me the experience she had, extraordinary and embarrassing as it had been, stating that she thought, I ought to know it for the general good of Science.

Miss N., of New York, 20 odd years of age, an accomplished American lady, born in the island of Cuba, from a healthy Massachusetts mother of English-Welsh descent, and of a consumptive New York father, of English-French extraction; small in stature, dark thick hair, small brown eyes, of sanguino-nervous temperament and of much mental and moral power. Whenever she takes cold, she suffers from tenderness of the mammæ in the inner substance, from tight dressing in childhood. She has about twenty warts about her, several with a pedicle, and some nævi materni which run in her mother's family. Her menses are usually tardy, and slight, with moderate pain the first hour or two. She is not ticklish, and her sexual propensity is by no means prominent, on the contrary entirely under the control of her well-cultivated mind. She is extremely susceptible to medicine.

1863, *Dec.* 27. After kissing a child affected with diphtheria, worse on the left side, she got a sore throat, likewise worse on the left side, which is usually her weaker side. She was treated domestically with Lehrmann's 200, and got better; still she complains of the following symptoms:

Sensitiveness on touch at the sides of the throat outside in spots; some pain in swallowing just before the act of swallow-

ing; tendency at the root of the tongue to be swollen; collection of much watery mucus at the root of the tongue.

Patient is very anxious about a dear friend who is very ill.

Sent her Lachesis $\frac{6}{41000}$—potentiated, after the centesimal scale, from the sixth trituration of Boericke's, out of Dr. Hering's original preparation—in a powder containing some sugar of milk, which she took the same night.

After that the throat got well rapidly.

But the next night, after taking the medicine, she had—we give her own words under quotation marks—the following symptoms:

Dreams "similar to those described as some of the effects of hasheesh, full of cheerfulness, and happiness, of beautiful scenes with hidden interpretation; she saw in the enjoyment of the things what they meant, heard splendid music; was free from any dragging of the body, as if the spirit was let loose."

State of perfect happiness and cheerfulness, without any sense of corporeality, for thirty six hours.

Dec. 29. Quiet sleep the second night, without dreams.

"Gradual fading of the spirituality, though cheerful with it yet, until the very control of herself was broken, as if under a complete mental cloud."

1864, *Jan.* 1. During this state of transition from the perfect happiness to the want of self-control, her menses commenced, which disappeared when the mental cloud settled upon her.

Menstruation more scanty and more painful than usual, somewhat like what she would imagine to be labor pains, viz., bracing around the middle of the abdomen and pressing down as if every thing would come out below, for two days; then little floods of blood came on, which ended in a discharge of blood and water mixed.

Whilst the menses were ceasing, she "had no rallying power, no control, could not keep down the rising troubles of her body for twenty-four hours, though she tried hard to do so."

After menstruation frequent paroxysms of luxuriance all over, accompanied with excessive sexual excitement, followed by thin starchy discharges per vaginam, which formed the last part of the paroxysm. Worse at the early part of the night, from 8 to 12 P. M.; then quiet sleep without dreams.

At and after the greatest excitement, lameness and sore pain in the sacrum, and with all slight fullness in the forehead, with slight throbbing in the temples.

"The genital parts were very much distended during the paroxysm, and swollen more or less all the time, especially the external parts, which were also red. Everything seemed to be rolled out, and the mouth of the womb was open."

"Felt as if she was somebody else."

Sometimes, in the paroxysms, "she was clear animal, right through, while all her mental power was dormant."

"Sensation, as if she was in the hands of a stronger power, as if charmed, and as if she could not break the spell."

"The paroxysms were not in the least connected with the faculties located in the brain, but related expressly to the genital organs, extending thence throughout the whole body."

Breasts very sensitive and swollen, especially about the nipples which were erected, and quite sore at the extreme ends, when in contact with the dress.

This state of things lasted ten days (from Dec. 29–Jan. 8), when it reached the climax.

Jan. 7 *and* 8. At this time "any thing, that interests her, left her, she could not fix her attention. The principal trouble settled in her body, whilst it was extremely disgusting to her."

"That night it was so severe, as if she was possessed by a demon, impossible to be satisfied,—perfectly insatiable."

"Luxurious convulsive thrills ran all through her, which at last produced a revolting disgust against herself, and brought on perspiration all over and nausea from aversion against herself."

Then the elderly gentleman mentioned, frightened at this state of things, calmed her by talking to her, and by

mesmeric passes. She fell asleep, and slept quietly till nine next morning; after that she was gradually getting better.

But precisely a fortnight after taking the medicine, Jan. 8, she took a sore throat again, with the following symptoms:

Difficulty to move the tongue; with impossibility to open the mouth wide.

Talking with the mouth shut, because she could not bear to open the mouth.

Aggravation in stooping down, as if she were strangled with the thumb and fore-finger set under the root of the tongue, at both sides, with excruciating pain in that part.

In eating, she cannot swallow the food after masticating it, because it rests at the back part of the tongue, and produces a thrilling pain there.

Much slimy saliva, especially at the back of the mouth.

Jan. 10. Day before yesterday she took for her throat Lachesis 200 Lehrmann, and yesterday Merc. 200 Lehrm., without effect; she did not know that she had got Lachesis before.

She makes up her mind to do a thing and don't do it.

Much giddiness, particularly after resting.

Loss of strength and flesh, great weakness and despondency.

Bar. c. 200 relieved her somewhat.

Jan. 11, *evening.* She took China 200 Lehrm. without any effect.

Jan. 12, 5 *P. M.* Saw her myself in the office. She told me her experience with great effort and embarrassment, and in shocks, with great vividness of description, still full of horror, and mostly with tears in her eyes.

"Even now there seems to be a screw loose yet in the connection between mind and body."

Weak in the limbs, and trembling when first starting.

The slightest exertion brings on palpitation of the heart and choking.

Easily affected to tears, which is unusual with her.

Unsettled condition of the mind, feeling quite unhappy.

Natr. mur. 5,000, one single smell, out of a bottle filled with globules of that potency. Immediately "it felt like cold air going through her nostrils and posterior nares down into her throat, with a prickling and tingling sensation, such as pepper would produce.

Jan. 14. Met her at a concert. She was well.

Jan. 23. Two weeks after the second attack of sore throat, she got another attack, which came on suddenly, with a fullness and pressure at the sides of the larynx; with stiffness and severe pain at the root of the tongue; with swelling at the back part of the tongue, so that she can not move the tongue without great pain; and with tenderness at the throat, outside in spots, on both sides.

When swallowing food, she cannot get the whole of it down, only in pieces, because it rests at the back part of the tongue, producing a thrilling pain there.

Tonsils swollen, mostly the left one.

Much slimy saliva at the back of the mouth.

Had taken Merc. S. H. 30 (being afraid of High-potencies) without effect.

The throat difficulty has a sluggish character, but got slowly well without further medication.

Menses came on the next time, scanty and black, with sharp pain in the womb.

On sitting down, it was as if she sat on something sharp (this is a symptom which, on former occasions, she had after standing and singing, during catamenia).

Feb. 5. The throat difficulty comes on very slight, with similar symptoms, as before, just enough to mark the bi-hebdomadal periodicity.

She had taken no more medicine.

March 25. A little pimple, three inches above the left nipple, growing as large as a pea, white, quite hard, movable under the skin and over the flesh, for about six weeks.

April 12. In breathing a streak of air in the left chest, anteriorly, along in a parallel with the breast-bone.

Great sensitiveness of the nipples, and especially of their extreme ends.

Hardness and soreness of the mammæ (though she has taken no cold).

Sensation as if hot air were going through the knee-joints, which were shaky; sore aching with coldness of feet (with which she suffers habitually).

Good spirits and fine appetite.

After having made two further provings upon healthy persons, with the same potency, and on comparing the notes with Dr. Hering's provings, I can not doubt, that the effects reported in the proving above, are the result of the action of the 41-thousandth potency of Lachesis.

Yet, these symptoms are of so great an importance, that I thought this Lachesis potency should be further tested.

For this purpose, in May, 1864, I presented the New York State Society six vials, containing pellets of the same potency, with the respectful request, that some of the members who might have an opportunity, with proper persons, sensitive and sensible enough, for observing and reporting their experience, be selected, to use it for further provings and investigations, and report to the Society thereon.

Whosoever would re-prove it, should give only one dose, and then wait for the effects as long as any will develope, without interfering by medicine for transitory symptoms.

Such a re proving would be of particular value, since the original of Dr. Hering's provings is still comparatively unknown in English, and what is there known, is so by an imperfect abstract only.

Medical Investigator.—The March number of this journal gives some very good advice to young physicians against crowding into cities and large towns. The editor shows that a large proportion of those who become most eminent as city practitioners, originally laid the foundation for their success by serving a faithful and laborious apprenticeship in country practice; while very many who begin their professional life in the large cities fail of becoming such good and successful physicians as they otherwise might.

DR. WILSON AND THE BRITISH JOURNAL OF HOMŒOPATHY.

By reference to the one hundred and thirty-fourth page of the British Journal for January, 1866, it will be seen that some of our English friends are a good deal disturbed in their minds, having allowed themselves to be made very unhappy by apprehending that the Homœopathic Medical College of Pennsylvania under the auspices of Dr. D. Wilson, was about to encourage unqualified persons to compete with them in the practice of Homœopathy.

We very deeply regret that they should have become so much alarmed; especially since, in reality, they had no reason. Indeed they could not have been more excited had they descried the entire phalanx of the four hundred and seventy-five graduates of the Homœopathic Medical College of Pennsylvania marching to greet the three hundred and fifty of their brothers over the water, who compose the rank and file of the Homœopathic medical profession of England——and mistaken them for an equal number of visitors to the Green Isle of Erin!

We do not think it right to frighten our neighbors; and, had we not been busy about matters of more importance, we should have remembered how sensitive they were, and have been more particular. As it is, Dr. Wilson ought immediately to make haste, right away, as soon as possible, to relieve his confrères from their distressing misapprehensions, by assuring them that he had publicly announced that he should examine and recommend to the Homœopathic Medical College of Pennsylvania those persons only who already possess allopathic diplomas, and so are already legal practitioners; so that they, the said confrères, need no longer labor under the dread of having to compete for their daily livelihood with unlicensed practitioners. We are not sure but that Dr. Wilson ought to be blamed, for not better adapting his published communications to the intellectual capacities and apprehensive sensibilities of his colleagues. But in any event, if he should be made liable for damages for constructive negligence, we hope that his being constantly occupied with more important affairs, may be received in mitigation.

In the mean time we will try to obviate any further mis-

chief, and so prevent additional suffering on the part of our English friends, by reprinting Dr. Wilson's statement from his letter of acceptance of the office of Examiner, as it was published in the Hahnemannian Monthly for October, and desiring him to have the essential part of it incorporated in the advertisement which appears in the British Journal, signed by the Dean of the College.

"Under the existing state of the English law, it is necessary that the British practitioners should possess an allopathic diploma before they can be registered; therefore my functions, with regard to British candidates for Homœopathic degrees, will be chiefly directed—

"I. To an inquiry into their knowledge of Hahnemann's doctrines.

"II. Whether they understand how to examine patients as Hahnemann directs.

"III. Their knowledge of the Materia Medica; and

"IV. Their fitness to handle the latter in cases of sickness.

"HAVING ONLY TO EXAMINE SUCH AS ALREADY POSSESS ALLOPATHIC DIPLOMAS WILL RELIEVE ME OF MUCH RESPONSIBILITY."

As the Faculty of a Homœopathic Medical College, our single aim and object is to promote the extension and development of pure Homœopathy. And as we labor unselfishly, for humanity, we feel that our field is the world. Thus all who apply to us, whether personally and privately at our offices, publicly at our Lectures and Clinics, or even by letter from far distant lands, appear to us to be entitled to all the assistance we can render them in the line of our duty. And we feel it as much our duty, in our chosen work, to do all in our power to aid and encourage the actual practitioner of Homœopathic medicine, as to instruct the student. Thus, while deeply regretting the unfortunate state of mind into which some of our English friends have evidently fallen, and sympathizing with them in their unfortunate ill-success, we cannot but think they would feel much happier, as well as find themselves far more successful, if they would more strictly adhere to pure Homœopathy.

And in conclusion, we would state that we neither sell Homœopathic diplomas, nor adulterate Homœopathic principles with chemical or other theories,—nor mix them with politics.

J. H. P. FROST, M. D.,
Secretary of the Faculty.

HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA.

On the evening of March 8th last, the lecture-room of the Dental College, Tenth and Arch streets, was well filled with Homœopathic physicians of this city, who had assembled in response to a call issued by a committee, appointed at a meeting held February 22d, for the purpose of organizing an efficient, active Medical Society. Dr. Jacob Jeanes was called upon to preside, and Dr. O. B. Gause appointed Secretary.

The object of the meeting, as set forth in the circular issued, viz., "to devise some acceptable plan of organization, whereby all might co-operate in the furtherance of the cause of Homœopathy," having been fully stated by the chair, the following resolution was introduced by Dr. Bushrod W. James:

"*Resolved*, That this Convention of the Homœopathic Physicians of Philadelphia resolve itself into a County Medical Society, and that a committee of five be appointed to draft a constitution and prepare by-laws for the same."

A very general expression of opinions was then indulged in, and, after a highly interesting debate, the resolution was adopted; and, in accordance therewith, a committee, consisting of the following gentlemen,—Drs. W. M. Williamson, Adolph Lippe, S. S. Brooks, J. H. P. Frost, and John K. Lee,—were appointed, who reported a Constitution, which provides that the association shall be styled the Homœopathic Medical Society of the County of Philadelphia; and that all persons who have obtained the degree of Doctor of Medicine, and who practice according to the formula "similia similibus curantur," are eligible for membership; together with other articles usual in medical societies. The Constitution as reported was adopted, as well as sundry by-laws and rules of order.

Dr. J. H. P. Frost, on behalf of his colleagues of the Faculty of the Homœopathic Medical College, tendered the use of the College building for the purposes of the new Society, which offer was gratefully accepted; and the meeting adjourned, to meet at the College, on Thursday, March 15th, at 8 o'clock, P. M., all present expressing their convictions of the necessity of this organization and their hopefulness of its success.

On Thursday, March 15th, the Society convened at the College building, as per adjournment, and the first regular stated monthly meeting was held, the President, Dr. Jeanes, occupying the chair. A large number of the physicians of Philadelphia and vicinity were present. The minutes of the preliminary Convention were read and approved, and the by-laws were then taken up, amended, and unanimously adopted. The thanks of the Society were extended to the Faculty of the Dental College for the use of their hall; also to the Faculty of the Homœopathic College for their kind offer of their lecture-room.

In accordance with a provision of the by-laws, nominations were then made of persons to fill the various offices of the Society, viz., President, Vice-President, Secretary, Scribe, Treasurer, three Censors, and a Committee on Provings; to be voted for at the annual meeting, to be held on the third Thursday in April.

The subject of "Medical Ethics" was then introduced, with particular reference to the article on that subject by Dr. Walter Williamson, which recently appeared in the Hahnemannian Monthly. It was resolved that the subject should be made the special order for discussion at a meeting to be held on Thursday, March 29th, and the acting Secretary was instructed to notify all Homœopathic physicians of Philadelphia and its vicinity of the time and place of meeting, and the subject for discussion.

Adjourned as per above.

R. J. McCLATCHLEY,
Acting Secretary.

Convention called to form a State Homœopathic Medical Society for Pennsylvania.—At the meeting of the Alleghany County Homœopathic Medical Society, held November, 1865, the following resolution was offered, viz.: "That the Homœopathic Medical Society of Alleghany County invite the physicians of the rest of the State to meet in Pittsburg the day previous to the meeting of the American Institute of Homœopathy, for the purpose of forming a State Medical Society;" which was amended by a motion "that a committee be appointed to carry out the resolution." Both the amendment and original motion were unanimously carried.

Doctors Cowley, Hewitt, and Cooper, were appointed the Committee.

At the meeting in December, the Committee reported the following address to the physicians of the State in general, which was unanimously adopted:

To the Homœopathic Physicians of Pennsylvania.

BRETHREN:—At the suggestion of Dr. Bushrod W. James to some of the members of the Homœopathic Medical Society of Alleghany County, the subject of the formation of a State Medical Society, and of the holding of a Convention for that purpose previous to the meeting of the American Institute of Homœopathy, in June, 1866, was brought before the meeting of that Society, in November, 1865, when it was unanimously resolved: "That the Homœopathic Medical Society of Alleghany County invite the Homœopathic physicians of the rest of the State to meet in Pittsburg, on Tuesday, the 5th of June, 1866, and unite with them in the formation of a State Medical Society." We therefore, members of the said Society, cordially invite all Homœopathic physicians within the limits of the State of Pennsylvania to meet them in Pittsburg, on the 5th day of June, 1866, for said purpose.

The time and place of meeting will be announced in the journals. Signed by

Dr. J. C. BURGHER, *President.*	Dr. D. COWLEY, *Secretary.*
" H. HOFFMAN, *Vice-Pres't.*	" JAS. A. HERRON, *Treas.*
" C. BAILZ,	" J. P. HARVEY.
" A. BLACK.	" THOS. HEWITT.
" W. C. BORLARD.	" D. P. LISCOMBE.
" W. R. CHILDS.	" J. S. RANKEN.
" J. F. COOPER.	" L. M. ROUSSEAU.
" M. CÔTE.	" F. TAUDTE.
" GEO. S. FOSTER.	" M. W. WALLACE.

AMERICAN HOMŒOPATHIC REVIEW.—The number for March contains the beginning of a translation of Dr. Von Bœnninghausen's Treatise on Hooping Cough; Papers on Tabes Mesenterica, Homœopathic Tocology, Aloes, Rhus and Allium cepa.

PUBLICATIONS RECEIVED.

TRANSACTIONS OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY, VOL. III, 1865.—By the kindness of the Society, Dr. H. M. Paine, through Dr. B. W. James, we are in receipt of this very valuable volume of Medical Transactions. In addition to the publication of the reports of the country organizations and other auxiliary Societies—some twenty-five in number—this volume is enriched with a very large number of valuable and original papers, some of them illustrated by engravings.

Among the most important of these, is the contribution of Prof. W. Tod Helmuth, an honorary member. Prof. Helmuth's paper covers some thirty odd pages and is splendidly illustrated by more than a dozen lithographic plates. The colored plates accompanying Dr. Hale's article admirably illustrate the pathogenesis of Tart. emetic.

The XIIth article, SCABIES, from the manuscript of an unpublished work on Skin Diseases, by A. R. Morgan, M. D., is concise, full of valuable information and teaches sound doctrine. The profession would be pleased to see the entire work, which has been no small time in course of preparation.

But time and space forbid our attempting to enumerate the valuable contributions to Homœopathic literature, contained in this volume. We hope the time is not very far distant when the annual volume of the proceedings of the American Institute may equal this, as well in the number and high scientific character, as in the practical value of its papers. But this can never be, until those most eminent and experienced in the profession, whose important professional engagements render it impossible for them to attend the meetings of the Institute in person, *come to feel it a duty to Homœopathy, to humanity, and even to their own individual honor, to contribute some gleanings, at least, from the rich fruits of their experience, for the public good!* How immensely valuable would not the volume of Transactions be made at once, if each one, of its several hundred members, should contribute, on an average, but a single page from their year's experience! And where all the members, (and in fact the entire profession) are to be benefited, it seems no more than just and right that none should come empty handed, or remain at home unrepresented.

And so in the new organization of a State Homœopathic Society in Pennsylvania—a call for which has been extensively circulated and generally signed,—if the members of the profession would come, *bringing their sheaves* with them, they would greatly contribute to the success of the organization, by rendering it thus at once respectable in its proceedings, and at the same time practically useful.

Address on the Death of Hon. Jacob Collamer.—Delivered in the Senate and House of Representatives, on Thursday, December 14, 1865.

In the death of Judge Collamer, Vermont mourns the noblest of her sons, New England one of her ablest men, and the entire nation, a statesman whose wisdom, experience and patriotism render his loss a national calamnity. And yet the grief of his family and personal and political friends cannot but be tempered by a certain mournful satisfaction in perusing these eloquent tributes to his worth and memory, from Senators and Representatives from every section of this vast country—tributes whose touching eloquence is all the more impassioned and the more deeply felt, when, like that of Mr. Riddle of Delaware (at once one of the finest, most feeling and high-minded of all), they come from political opponents. In the dread presence of the Angel of Death, all minor differences, all personal difficulties even, are forgotten; and men make haste to recall the glories of the departed patriot, which ennoble our common humanity, and whose very recognition does honor to themselves.

The New York Lancet.—This is a new Family Medical Journal, edited and published twice a month, by N. C. Rowe, M. D., 806 Broadway, New York, at $2.00 per annum. An Allopathic Journal,—it will still prove a very useful visitor to the family, since it teaches Physiology and sound Hygiene, and warns the people against the consumption of drugs and quack medicines.

Our New York neighbors are just now stirred up to righteous indignation against Pork, because it is found to contain *Trichniæ*. Pork is never a proper article of food for any, except those whose daily life is in the open air and in the coldest latitudes. And if the Trichniæ frighten people into the avoidance of pork, they will have done a good work.

Position.

. Pain in the stomach and backache, better after going to bed. Mrs. E., 310.
. Backache, cannot sit erect. Mrs. St., 188.
. *Aching in the kidneys while sitting, *321; itching of the calves while sitting, 356, pricking in the balls of the feet, 364; in the feet, 362; in the soles, 363. Fr.
. Feels best, when sitting. Ch G., 315.
470. Had to sit up in the night in order to breathe. Mrs. T., 291.
. Backache better while sitting up and leaning against something, 309, J. J.; loins. Ch. G.
. Pain in vertex and cracking in the neck on rising from sitting. Ch. G., 299.
. Return of headache on standing still. Fr., 33.
. Bellyache while standing, 182; backache, 317; pricking on soles of feet, 361. F.
475. The heels ache after long standing. Fr.
. Tired feeling when standing. Ch. G., 315.
. Headache worse on stooping. Ch. G., 59; J., 21; A., 75.
. Cracking in the neck when turning the neck upward.

Exertion.

. Trembling in the forearm when holding something. Fr., 328.
480. Exertion increases the headache. Fr., 17.
. Headache on walking in the cold, damp air. B., 56.
. While walking, pressure on the chest, 279; backache, 317; pricking in the soles, 361. Fr.
. Headache worse by moving. Ch. G., 179.
. Pain in the chest after working. E., 285.
485. Pain in the lungs after motion. Mrs. T., 292.
. Lameness in the left arm, worse from motion. Ch. G., 120.
. Cracking in the elbow from moving of the arm. A., 340.
. Stiffness worse from motion. T., 303.

The Day—Afternoon.

. Congestion to the head, 16; headache, 23, 29; eyes shiny, sensitive to light, 75.
490. Pain in the sternum at four, P. M., 282; pain in the heart, 289; twitching in the forearm, 330.
. Afternoon, backache, 307; pains in the arm, 333; tired, 377; sleepy, 389, 390, 391, 392; pulse full and more frequent, 16, 379.

Afternoon and Evening.

. Headache, 271; eyes shiny, 320; pains in the arms, 91.

Evening.

. Irritable and chilly, 432.
. Headache, eight, P. M.; pain in the temples, 23; nine to ten, P. M., 26; sensitiveness of the eyes, 73.
495. Pressure over the eye and in the occiput, 27.
. Pain in the ear, seven, P. M., 91.
. Sneezing, six, P. M., 93.
. Heat in the face, five, P. M., 107.
. Toothache, seven, P. M., 121.
500. Tickling in the throat, 252; dryness, ten, P. M., 135.
. Thirst and headache, 45.
. Pain in the bowels, six, P. M., 194; eight, P. M., 180.
. Pain in the iliac region, 195.
. Eructations, five, P. M., 156, 163.
505. Flatulence, 203.
. Rumbling in the abdomen, ten, P. M., 205.
. Cough, 253.
. Aching in the chest, 296.
. Burning stinging, seven, P. M., 288; nine, P. M., 281.
510. Backache in the evening, 100, 307, 312; six o'clock, 318; eight o'clock, 813; ten o'clock, 311, 312; in the sacral region, 248, 310.
. Pain in the arm, seven, P. M., 334; forearm, nine, P. M., 335; thighs, five, P. M., 350.
. Burning of the feet, 362; pricking in the feet, 364; in the soles, 303.
. Pressure in the right and left iliac region until he sleeps, five, P. M., 195.
. Sleep, six to nine, P. M., 410; sleeplessness, 379.
515. Creeping chilliness, 425, 430.
. Pulse full, hard and slow, 440.

Night.

. Pain in the jaw, ten, P. M.; dryness of the throat, 130.
. Stool, ten, P. M., 311.
. Headache, eleven, P. M., 36; shoulder-ache, eleven, P. M. 324.

520. Coughing before midnight, 277; after midnight, 422.
. Sleeps till two, A. M., afterwards pain, 291; wakens restless, two, A. M., 412.
. Awaking at three, A. M., 403.
. Yellow discharge from urethra at night, 237.
. Pain in the bowels towards morning, 186.

Morning.

525. Qualmishness on rising, 160.
. Slimy taste in the mouth, and bad taste, 130; with hard mucus, 130; flatulence, 204.
. Morning headache, 63, 22.
. Itching on the head and cheeks, 69; pain in the jaw, 118; dry lips, 415.
. Cough and expectoration, 278.
530. Exhausted, 106.
. Sleeping, 394.
. Nine, A. M., pain and rumbling in the abdomen, 160.
. Seven to nine, A. M., throat dry, 70.
. Nine, A. M., pain in the chest, 285.
535. Eleven, A. M., heavy, 326; headache, 411.
. Towards noon, chilly, 429.
. All day, heat in the head, 249.

. Pain at regular intervals, 346.

Direction.

. Low, then higher up in the back, 313; upwards, chill, 425, 426; abdomen, 187; pain in the back, 400, 196.
540. Downwards, cutting in the eyelids, 85; other pains, 186, 190, 329.

Right and Left.

. *Right* and then left, pains, 339; right to left, abdomen 187.
. Over the right eye, headache, 31.
. First in the left and then in both knees, 355.
. Left to the right, 52; left and right iliac region, 1.
545. *Right* temple, settled headache in, 36; vertex, pain in, 47; occiput, pain in, 52; pain over the eye, 31; twitching over the eye, 66; eye pressed out, 25.

RIGHT.

. *Right* ear, tearing pain in, 91; nostril, afterwards the left, watery discharge from, 100; cheek, heat in, 107; lower jaw, 168; hypochondria, pain in, 178; side of the abdomen, pain in, 189; from right axilla to sternum, pain, 285; more pressure in the sternum, 280; stitching in the chest, 286; pain in the lungs, 287, 291, 314; pain in the right lumbar region, 191.

. *Right* arm, twitching in, 331, 365; arm, pain in, 334, 338; forearm, pain in, towards the wrist, 335; thigh, twitching in, 365; pain in, 251; paletta, pain in, 353.

LEFT.

. *Left* forehead, headache in, 122; temple, pain in, 37, 32; aching in, 23; side, headache, 45; more headache in left side, 19; vertex sore, 28; more headache in vertex, 31; pain in vertex, 369; beating pressure in the occiput, 27; headache in the occiput, 31; pain over the eye, 28, 29, 30, 52; pain over the eyebrow, 37; dull headache in left eye, 26; pressure and pain in, 18, 27, 36, 79, 179; as of a grain of sand in, 86; ear, roaring in, pain in, 91; cheek, pimple on, 164; upper-jaw, 115; pain in, 116; lower jaw, pain in, 120; inner jaw, pain in, 123; lower jaw, toothache in, 121; lower jaw, pain in, 117, 122; toothache in, 122; pit of the throat, tickling in, 272, 252; hypochondrium, pain in, 180; umbilical region, cutting in, 183; abdomen, pain in, 185, 205; iliac region, pain in, 194; inguinal region, pain in, 198, 199.

. *Left* chest, pain in, 289; lung, stinging, 287,

550. More stiffness in left side of the neck, 301; neck stiff, 299, 160; pain in the shoulder, 324; towards the neck, 302; stinging pain under the left shoulder-blade, 188; groin, shocks in, 190; lumbar region, 247; aching in the kidneys, 321; pain in the sacral region, 248; pain in left shoulder, 323; settled pain in, 188; arm, muscles twitching in, 130; forearm, twitching in, 330; arm heavy, 326; deltoid, pain in, 325; arm, pain in, 333, 336; drawing in, 339; elbow, crackling in, 340; hand, pain in, 344; hip joint, painful, 345, 346; thigh, pain in, 350, 351; knees, pain in, 355; paletta, pain in, 354.

MERCURIUS PROTO-JODATUS.

BY W. JAMES BLAKELY, M. D., BENZINGER, PA.

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Hydrargyri Iodium Viride; Mercurius Jodatus Flavus: Protiodide of Mercury; Green Iodide of Mercury; Yellow Iodide of Mercury. This substance, which is a combination of Iodine and Mercury, in the proportion of one element of each, is prepared, according to the United States Pharmacopœia, in the following manner:

"Take of Mercury *a troy ounce;* Iodine *three hundred grains:* Stronger Alcohol *a sufficient quantity.* Mix the Mercury and Iodine in a mortar, and having added half a fluid ounce of Stronger Alcohol, triturate the mixture until the ingredients are thoroughly incorporated. Stir the mixture occasionally, and, at the end of two hours, triturate again, with considerable pressure, until it is nearly dry. Then rub it up with Stronger Alcohol, gradually added, until it is reduced to a uniform thin paste; and having transferred this to a filter, wash it with Stronger Alcohol until the washings cease to produce a permanent cloudiness when dropped into a large quantity of water. Lastly, dry the Iodide in the dark with a gentle heat, and keep it in a well-stoppered bottle, protected from the light.

"*Properties.*—Iodide of Mercury is in the form of a greenish-yellow powder, insoluble in water, alcohol and solution of Chloride of sodium, but soluble in Ether. Its sp. gr. is 7·75. When exposed to the light it is partially decomposed, and becomes of a dark-olive color. If quickly and cautiously heated, it sublimes in red crystals, which afterwards become yellow. It is a Protiodide of mercury Hg. I., consisting of one eq. of Mercury 200, and one of Iodine 126·3 = 326.3. The British Pharmacopœia considers it a sub-iodide, with a formula of Hg_2 I; the eq. of Mercury being 100.

"*Medical Properties and Uses.*—Iodide of mercury has been given in scrofula and scrofulous syphilis. The dose is a grain daily, gradually increasing to three or four grains. It should never be given at the same time with Iodide of potassium, which converts it immediately into Biniodide and Metallic mercury." (Wood & Bache.)

This drug has been recommended in a variety of diseases, but chiefly, it appears to me, empirically, or from an assumed

idea of its properties, based upon the known action of its individual components, as if its effects upon the healthy organism were a mere combination of the pathogenetic effects of Mercury and Iodine. While it certainly does partake, to some extent, of the action of these drugs, its pathogenesis will show that it is the same as neither of them, and that it is not a mere combination of both.

Dr. George W. Cook (Hull's Jahr) recommends the Iodide in enlargements or disease of the glands, acute or chronic: conglobate or conglomerate swelling of the parotids and tonsils during scarlatina; enlargement, engorgement or torpor of the liver or spleen during fevers, particularly those fevers of a typhoid type; enlargement of the inguinal glands and testicles during gonorrhœa or lues; tabes mesenterica; diarrhœa of a dysenteric character, green alvine discharges and sanguineous discharges, with tenesmus, particularly in scrofulous children, or when these symptoms follow a severe catarrh.

Professor Hempel recommends it in scrofulous irritations of the air-passages, particularly in chronic bronchitis of scrofulous individuals; also in polypus of the nose, goitre, chronic swelling and induration of glands, and in mesenteric ganglionitis.

Dr. Freligh (Mat. Med.) advises its administration in the same affections, and says: "It is the only form of Mercury that ought to be used in induration of the parotid gland, cervical glands, and of the tonsils when these conditions attend scarlatina or measles."

But it is, perhaps, in diphtheria that this drug has been most extensively used, though I do not think it has answered the expectations entertained of it, most probably because physicians lost sight of, or did not know its proper sphere in this disease, or because it had, by some means, acquired a reputation as a specific, and was more or less given in all cases of disease. I have refrained from mentioning the diseases in which I think this remedy might be advantageously employed. A study of its pathogenesis, as here presented, will immediately suggest to the physician many affections in the treatment of which it will be invaluable.

Remarks on the Proving.—The proving of this drug has been conducted with the greatest care by myself and by others under my immediate supervision. The provers were required to report to me frequently; their reports were carefully sifted and doubtful points cleared up, always, however,

by indirect questions; in this way the provers were soon enabled to indicate with precision the exact kind of sensations which they had experienced.

As the object in proving a drug is not so much to obtain a mass of symptoms as to ascertain its reliable effects, and especially those which are characteristic and which give to it an individuality, and which distinguish it from all other drugs, I have been careful, in making the proving of the Mercurius Proto-jodatus, that all symptoms recorded should be the pure effects of the drug; and while I hold as unsound the doctrine that it is better to exclude many true symptoms than to admit one false one, I have still been scrupulously particular, as far as my judgment could decide, that no unreliable symptom should be admitted into the record. In this, indeed, I was greatly aided by the remarkable manner in which the symptoms appeared and by the character of the symptoms themselves, so different from what any of the provers had been accustomed to experience before proving the drug, that they could at once be set down as unmistakable drug effects. It has been amply demonstrated in the course of this proving that the Mercurius Proto-jodatus is a very quickly acting medicine. In most cases, almost invariably indeed, a train of symptoms would be observed immediately after taking the dose; after this a lull, as I may term it, would occur, to be succeeded, in a short time, by another train; then the intervals would become longer, until the action of the drug was exhausted, which was generally in from two to four days. In the early stage of my experiments, the other provers would sometimes come to me, within a few minutes after taking their portion, and announce that they had already experienced its effects; and although the same had occurred to myself, I was inclined to consider them as imaginative rather than drug-effects. Subsequent knowledge, however, convinced me that in this I had been mistaken, and that those symptoms were reliable effects of the drug. One prover mentioned to me a symptom within five minutes after taking the first dose; I considered it as imaginative, and yet this very symptom was afterwards repeatedly verified, not only by himself, but by the other provers. In the course of my experiments I allowed no prover to have access to the records of another, and in this way they frequently verified each other's symptoms without knowing that they were doing so. Had they been aware of the effects they were severally experiencing,

imagination might have exerted its influence; as they were not, it was of course inoperative. With regard to myself, who, of course, saw the records of all the provers, I can only say, that my sensations were of such a character as to leave no doubt in my own mind as to their reliability as drug-effects.

The peculiar effects of this remedy I had, at first, intended placing under the general heading of *Characteristics*, but I afterwards preferred arranging under other and separate headings, which I had noticed in Dr. Hering's proving of the *Cistus canadensis*. Through the course of the following pathogenesis, and more especially under *Sides; Times of day; Touch and motion; Warm and cold air*, these peculiar effects will readily be distinguished. Those of particular significance have been italicized.

In proving the drug, the Protiodide, and the potencies up to the 12th (Decimal) have been used.

The drug has been proved by myself and by Mr. L. J. Blakely, Miss X., Miss Evarista V. Ryan, æt. 8 years, and Ernest Wimmer, æt. 7 years.

Symptoms to which no initial letter has been attached have been experienced by myself.

X. Symptoms of Miss X.
Bl. " " Mr. L. J. Blakely.
R. " " Miss E. V. Ryan
W. " " Ernest Wimmer.

The abbreviation Prot., attached to symptoms, indicates that they were observed under the use of Protiodide.

The *time* attached to symptoms e. g. (a. 2 d.) means that the symptom thus designated appeared two days after the last dose, and not two days from the beginning of the proving.

Where time is indicated thus (18th d.), it means from the beginning of the proving, and is attached to symptoms which have been reproduced on the same prover on different days.

The numerals (1), (2), (3), (4), (5), (6), (9), (12), indicate the potence.

Mind.

. A general disposition to destructiveness; he can scarcely resist a temptation to throw his lamp through the window. Bl. (2).
. Moodiness. Bl. (2).

. A depression of spirits, in consequence of anxiety, which he has had for some time, has disappeared since proving the drug, although the cause of his anxiety still exists. Bl.

. While in bed, he imagined that a man was in his room who intended to perforate his throat with a gimlet; this idea continued for twenty-four hours. Bl. (2). Indisposition to do any thing, with desire to lie down and rest. (1).

5. He feels particularly well, and has not an unpleasant symptom. (1).

. He feels very lively, whistles, sings, and is disposed to be decidedly merry and good-natured (soon after great depression). (1).

. Lively, good-natured and talkative. (1).

. The action of the remedy is materially influenced by the condition of the mind, and is affected or retarded by care, grief, anxiety, &c. On February 17th I took 6 grs; 2d Dec. trit. In the course of the next three days I was in close attendance upon a case (puerperal peritonitis) which excited my sympathies and caused me much anxiety. During this time I did not experience a single symptom, but as soon as my anxiety was relieved, the symptoms appeared as regularly, and even more violently, than before.

Head.

. Momentary, pressive pain in both temples. (2). (a. ½ h.)

10. Occasional shooting pains in the temples. (2). (a. ½ h.)

. Dull frontal headache, with pain at the root of the nose. (2). (a. ½ h.)

. The entire head feels dull and compressed, and as if pressed down upon the pillow by a heavy weight. (2). (a. 12 h.)

. Numbness and tingling of the scalp. (2). (a. 12 h.)

. Dull pains in the right and left sides of the head, in front of the ears. (a. ½ h.)

15. Dull, heavy pain over the forehead and temples, extending down the sides of the face. (1). (a. ¾ h.)

. Steady, aching pain in the right temple. (1). (a. ¾ h.)

. Dull frontal headache the entire day, with occasional sharp stitches through the head and face. (1). (a. 2¼ h.)

. Severe, sharp stitches in both temples, while going down stairs. (1).

. The head feels full and heavy. (1). (a. 6¾ h.)
20. Dull frontal headache, especially affecting the left orbit. (2). (a. ½ h.)
. Dull headache, aggravated by pressure. (2).
. Dull headache on awaking in the morning. (2). (a. 10 h.)
. Sudden, severe and sharp pain in the right side of the forehead, above the right temple. (2).
. Pain in the right parietal bone, aggravated by touching the part and by combing the hair. (2). (a. 1½ h.)
25. Headache all over the top of the head, with wave-like motion of the blood. X. (2). (a. ¼ h.) (1st d.)
. Slight, general, dull headache, on awaking. X. (2). (a. 11 h.)
. Violent headache, especially over the right temple. X. (2). (a. 18 h.)
. Very violent headache, lasting some minutes, over the right half of the frontal and right parietal bones. X. (2). (a. 19¼ h.)
. Very violent headache, involving the entire head. X. (2).
30. Bad headache, all over the head. X. (2). (a. 22 h.)
. General headache. X. (2). (a 1½ d.)
. Bad headache on awaking, in the forehead, as if a sword were run through from the left temple to the right, and, in the occiput, a bruised pain as if from a blow. R. (5). (a. 10½ h.)
. A violent neuralgic headache, affecting the left side of the head, especially the superior arch of the left orbit and left eyeball, which he had had for two weeks, ceased entirely within an hour after taking the first dose of the drug and has not since returned. Bl. (2).
. A dizziness while reading and when rising from a chair (to which he has been subject) has entirely disappeared. Bl. (2).
35. Aching all over the head, with wave-like motion of the blood. X. (2). (5th d.)
. Headache over the top of the head. X. (3). (a. 46 h.) (8th d.)
. Several slightly sharp pains in the left side of the head, above the left temple. X. (3). (a. 2 d.)
. Increased throbbing pain in the head, more in the forehead. X. (3). (a. 49¾ h.)
. Slight headache over the top of the head. X. (3). (10th d.)
40. Sharp pain in the right side of the head (over the right parietal bone), extending to the neck and right eye. X. (3). (a. 4 d.)

. Violent pain over the entire right side of the head, extending from the right temple to the nape of the neck, lasting longer than usual. X. (3). (a. 13½ h.)
. Headache, with faintness, while in church. X. (3). (a. 38 h.)
. Sharp, aching pain in the right side of the head X. (3). (a. 3 d.)
. Sharp pain in the occiput, after rising in the morning. R. (12.)
45. Dull pain above the left temple, followed by a throbbing, beating pain in the right temple. R. (12). (a. 112 h.)
. Pressive aching in the frontal region, lasting a short time. W. (12). (a. 3 d.)
. Dull pain in the entire right side of the head, with stiffness in the nape of the neck and a sensation as if the right ear were closed up. (3.)
. Severe shooting pain in the forehead, superior arch of the right orbit and root of the nose. (3.)
. Dull frontal headache, with pain in the orbits and root of the nose, when awaking at night. (3).
50. Dulness of the head, with severe, dull frontal headache, when awaking at night. (1).
. Dull headache on awaking in the morning. (3). (a. 12 h.)
. Dull, pressive headache after dinner. (Prot.) (a. 3½ h.)
. Dull frontal headache the entire evening. (2). (a. 3¼ h.)
. Dull, heavy condition of the head, with dull soreness of the bones of the face. (2).
55. Very sharp pain on the top of the head (posterior fontanel), lasting a long time. R. (12). (a. 4¾ d.)
. Itching of the scalp. (3).
. Severe, sharp pains in the right temple, at night, in bed. (1).
. Sharp pain on the top of the head, followed by a pain in the left hip. X. (3). (a. ½ h.)
. Sensation in the skull as if it were cracking, continuing the whole afternoon X. (3). (17th d.)
60. Very violent pains in the left side of the head. X. (3).
. Sensation as if the skull were cracking. X. (3). (19th d.)
. Dull headache, especially at the right temple, with nausea and feeling as if he would vomit. (4).
. Dull headache, with soreness of the bones of the face and nose the entire evening. (4).

. In bed at night, very severe headache over the right half of the forehead, with severe pain in the right orbit and eyeball. (4).

65. Dull headache when awaking at night. (4).

. Severe dull pain over the right half of the frontal and right parietal bones, with pain in the right ear and dull soreness of the right orbit and right eyeball. (4).

. Severe dull headache on awaking in the morning. (4).

. Dull headache the entire forenoon. (4).

. Dizzy headache, similar to a rush of blood to the head, followed by a violent pain above the right temple. X. (3).

70. Pain in the right side of the head. X. (3).

. Rather violent pain in the right side of the head. X. (3).

. Dull headache at the right temple. W. (9).

. Violent pain in the left side of the head, near the left temple. X. (3).

. Very short, sharp pains in the right side of the head. X. (3).

75. Slight headache all the forenoon. X. (3).

. Headache in the morning when rising, lasting over half an hour. X. (3).

. Headache all over the top of the head, proceeding after some time into the forehead. X. (3).

. Slight pains in the right side of the head. X. (3).

Orbits and Eyes.

. Sharp pain in the superior arch of the left orbit.

80. Pain and soreness of the entire right orbit. (1). (a ½ h.)

. Sharp pain in the inferior arch of the left orbit, also in the left eyeball.

. Dull pain in the superior arch of the left orbit, with dull frontal headache.

. Sudden, sharp pain in the superior arch of the right orbit, aggravated by stooping. (2). (a. 22 h.)

. Sharp, lasting pain in the superior arch of the left orbit, as if from a knife. R.

85. Slightly dull pain in the superior arch of the left orbit and left malar bones, painful when touched. (3).

. Black clouds float before his eyes, when lying on his left side.

. Sharp pain in the inferior arch of the left orbit and left eyeball, with feeling as if lachrymation would appear.

. Pain in the superior arch of the left orbit, with headache, aggravated by noise and talking.
. Dull pain in the inferior arch of the right orbit.
90. Severely acute pain in the superior arch of the right orbit, on rising in the morning.

Ears.

. Sudden, sharp pain in the external meatus of the right ear. (2).
. Sharp, intermittent boring in the internal meatus of the right ear. (1). (a. 1¼ h.)
. Dull pain in front of both ears. (1).
. Boring pain in the internal meatus of the right ear. (2).
95. Sensation as if the right ear were closed up, although his hearing remained good. (2).
. Sharp, throbbing, boring pain, from *within outward*, deep in the left ear. (1).
. Stinging, throbbing pain in the external (left) ear. (2).
. At night, while in bed, dull pain in the internal meatus of the right ear, followed immediately by itching of a small spot on the top of the head. (2).

Nose.

. Pain at the root of the nose. (2). (a. 12½ h.)
100. Steady, dull pain at the root of the nose. (2).
. For three days, a sore, painful spot on the left wing of the nose.
. Severe, shooting pains at the root of the nose. (3).
. Sharp pain in the septum naris. X. (3). (a. 4 d.)
. A sore, painful spot on the left side of the septum naris. (2).
105. Severe, throbbing pain on the right side of the nose, deep in the bone. (2).
. A great deal of mucus in the nose, obliging him to constantly clear his nose. (2).
. A great deal of mucus descends through the posterior nares into the throat. (2).
. Pimple on the right side of the septum naris, sore and painful for several days. (4).
The right side of the septum naris and right nostril are very sore and much swollen. (6).

Face.

110. Dull, bruised pain in the right malar bone, radiating into the forehead and right side of the head; a small spot (at the end of one of the radii) pulsates and burns like fire. (2). (a. ½ h.)
. A small, itching spot upon the right cheek, which he has scratched, pulsates and stings as if from needles. (2). (a. ¾ h.)
. Occasional sharp stitches through the head and face. (2).
. Soreness of all the bones of the face. (2).
. Dull pain in the left malar and right orbital bones. (2). (a. 13½ h.
115. A slightly dull pain in the left malar bone, which is painful when touched. (2).
. A steady sharp pain in the upper portion of the left malar bone, which is painful when pressed. (2).
. Soreness of the entire face, especially of the bones of the face, with dull frontal headache. (1).
. Dull soreness of all the bones of the face (this symptom was constant throughout the entire proving).
. A small, stinging pimple appeared on the right cheek; shortly after she discovered one in exactly the same position on the left cheek; the latter was more itching than stinging. X. (3).
120. Slight stinging in the left cheek. X. (3).
. Sharp pain in the left cheek, with soreness of the left half of the inferior maxillary bone. (6).
. Sharp, throbbing pain in the right cheek, with sharp, throbbing pain on the external surface of the right forearm. (6).
. Dull soreness of the whole right side of the face, especially of the right half of the inferior maxillary bone. (6).

Jaws and Teeth.

. Deep, boring pain in the ramus of the right side of the inferior maxillary bone, extending up to the right orbit. (2).
125. Pain in the two left molar teeth, aggravated by bringing them together, with feeling as if the teeth were too long. (2).
. His teeth (left lower molars) felt so long that he could not eat. (2)

. Sensation in the upper teeth as if they were pressed tightly together. (2). (3d d.)
. Feeling as if the upper teeth were pressed tightly together. (3). (10th d.)
. Disagreeable feeling in the teeth, as if they were very tight in their sockets. X. (3). (a. 2¼ d.)
130. Deadly faintness, with entire loss of muscular power, followed by spasmodic motion (upward and downward) of the lower jaw, which continued throughout the next day. X. (3).

Mouth and Lips.

. Dryness of the lips, with burning dryness of the lower lip, and a sensation as if the upper teeth were pressed tightly together. (2).
. Dry, sticky condition of the mouth and lips, with heavy coating on the back part of the tongue. (1).
Dry and sticky condition of the mouth, gums and teeth. (3).
. Fine, bright and red eruption on the roof of the mouth. Bl. (2).

Tongue.

135. Tongue coated yellowish-white. R. (12).
. Small, red, raised elevations on the tongue. R. (12).
. Tongue slightly coated at the back part. (1).
. The tongue retained through the entire proving a thick, dirty-yellow coating.
. The coating on the tongue presents occasionally a light brown color.
140. Tongue thickly covered with a yellowish-white coating.
. Small, raised blisters on the back part of the tongue.
. The papilla can be prominently seen through the coating on the tongue. (3).
. Tongue thickly coated with a yellowish fur. (Prot.)
. The coating on the tongue is always at the back part, the front of the tongue, with the tip and edges, being clean.
145. On rising in the morning the back part of the tongue is covered with a thick, dirty-yellow coating. (Prot.)
. The tongue is coated bright yellow, the tip and edges being red. (2).

THROAT.

. Sore throat, with pain when swallowing the saliva. R. (2).
. . Empty deglutition; she was obliged to attempt to swallow frequently. R. (2).
. Burning in the throat when swallowing the saliva. R. (2).
150. Dryness of the throat, with sharp pain above epiglottis and in the left tonsil when swallowing; also in the left half of the hard palate. (3).
. Dryness of the mouth and throat, with frequent empty swallowings. (3).
. Burning in the throat. (Prot.)
. Slight pain in the right tonsil, with sensation as if it were swollen, and with pain when swallowing. (2).
. Tonsils slightly swollen. R. (3).
155. Frequent empty swallowings. R. (3).
. For several days the throat has felt as if it were swollen. (3).
. Sensation as if a lump were in the throat. (3).
. Empty deglutition. (3).
. Dryness of the mouth and throat. (3).
160. Pharynx, tonsils and uvula are red and congested. (3).
. The posterior wall of the pharynx is red, irritated and inflamed, and dotted with patches of mucus and small spots which look ulcerated. (3).
. Mucus in the throat and in the left tonsil, which he constantly tries to hawk up. (3).
. Sore throat, with difficulty in swallowing and with frequent empty swallowings. X. (2).
. Burning in the throat, with pain when swallowing. R. (12).
165. Pain and swelling of the right tonsil. (3).
. Throat dry and burning, with pain when swallowing. (Prot.)
. Excessive secretion of mucus in the throat. (Prot.)
. The mucous patches on the tonsils and walls of the pharynx are easily detached.
. In the morning there is very much mucus in the throat.
170. Constant secretion of mucus in the throat, difficult to dislodge, and which causes retching. (2).
. The throat and nose are dry, and feel as if entirely closed up with mucus. (2).
. Pricking burning in the right side of the pharynx. (2).

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ACCIDENTAL AND UNIMPORTANT SYMPTOMS.

By AD. LIPPE, M. D.

The Physiological School has found defenders and admirers in a number of professed Homœopathicians; has received a well deserved rebuke from a number of inquiring Homœopathicians, and very recently has had its folly fully exposed by no less a man than Dr. von Grauvogel.

Some professed Homœopathicians,—and among them Dr. Kafka,—have been misled by, and have been induced to flirt with, that gaudily dressed Old School antiquity, and the fine talk, the learned phrases, the illogical deductions, have so overpowered the unsuspecting and ill-grounded Neophytes, that they have surrendered themselves, and now, with Dr. Kafka, proclaim:

1. For the reason that Homœopathy has admitted the Physiological School, and made itself subordinate to this School, it has gained much in importance.

2. The Physiological School is the sum of all the collateral branches of medical science.

3. The Homœopathic Therapeutics are based mostly upon objective data.

4. Before we proceed to the treatment and the selection

of the remedy, we must first know the object of the treatment. But this we can in a majority of cases, with certainty, define only by the aid of the Physiological School, and it is therefore very evident, that the homœopathic selection of the remedy must also be subordinate to the Physiological School.

On the strength of such propositions, made by Dr. Kafka, his friends claim it to be evident, that before selecting a remedy, we should always very carefully analyze and weigh the subjective symptoms, as to their semiotic value, since we, in giving an *elective voice* to a number of UNIMPORTANT and ACCIDENTAL symptoms, would lessen the *elective chances* of those which are *important* and *essential*, and therefore, as only the *majority* would decide, be very apt to select a *wrong* remedy. It is necessary, as Dr. Holcombe expresses it, to individualize by *generalization.*

To those four statements we reply:

1. The Physiological School has not been admitted by Homœopathy, nor has Homœopathy made itself subservient to that School, and by doing so it would not only not gain any importance but would lose its identity.

2. The Physiological School is one of the collateral branches of medical science and subservient to Homœopathy.

3. The Homœopathic Therapeutics are based on the immutable principles and practical rules of its founder.

4. The *characteristic* symptoms of the patient must correspond with the *characteristic* symptoms of the remedy, and these *characteristic* symptoms on either side must be known; on the one side the Physiological School *subordinately* will aid us, on the other side the Materia Medica furnishes us with the means to accomplish the end—a certain result—the cure. *But* it is also evident that the Physiological School does not and cannot determine what are the characteristic symptoms of the patient. It has been long understood by all progressive physicians that we no longer treat diseases but patients.

And now we proceed to the original object of the article, and ask these followers of Kafka, what they can possibly mean by *unimportant* and *accidental* symptoms. If they would illustrate their position by cases, we might fully comprehend them, but now we can only guess what they really do mean. For instance, it has been claimed by that class of physicians, that the historical Lycopodium symptom to which Dr. D. Wilson called attention,—"Fanlike motion of the nostrils," was an *unimportant* and *accidental* symptom—it was not so to him, not to the patient recovering because he "*observed*" it and because he found it "characteristic." The Physiological School "broke down" in that case. If we are permitted to guess: accidental and unimportant symptoms are such as the Physiological School does not know what to do with, they belong to the "*individual*" not to the "*disease*" proper: for that very reason they become the more important in the case, the more absolutely they are "individual."

If we have obtained the entire "individuo-pathological" picture, and knowingly point out the *characteristic* symptoms of the case,—which we can do much better when we keep in sight of our own landmarks, and when we know the corresponding *characteristic* symptoms of the remedy,—we do not proceed to ballot, and majorities do not rule the elective chances and determine the choice in that case. What Dr. Holcombe wishes to express, when he says it is necessary to *individualize* by *generalization*, we cannot comprehend. Is it that we *pretend* to individualize, but that as we are *unable* to do so, we generalize? That, for instance, we have a patient whom we ascertain has "yellow fever," to individualize would be to ascertain what peculiarly characteristic symptoms this yellow fever patient has, which makes his case differ from other apparently similar cases;—not ignoring these peculiarities, because they might be considered "*unimportant and accidental*,"—*but guided by these peculiar characteristic symptoms*, select the remedy itself. If we generalize, we say he has yellow fever and Crotalus is the specific; and if we have

enough of it, and the patient holds out long enough to take enough of it, we will out-general the diseased individual.

But if he means that the knowledge of the "*general character*" will suffice for that purpose, his mode of expressing himself is still erroneous. For instance, the general character of Caust., Dulcamara, Hepar, Nux vom., Nux mosch. and Rhus, etc., is that the complaints are worse in the cold air: this is generalizing; but we individualize, and say first: aggravation in dry cold air, Caust., Hepar, Nux vom.; aggravation in wet cold air, Dulcamara, Nux mosch., Rhus. And we may individualize further and say, the aggravation of Dulcamara is characterized as resulting from sudden change in the temperature; while the changes in the season characterize Rhus.

If we admit that in order to cure, it is essential that the characteristic symptoms of the patient must correspond with the characteristic symptoms of the remedy, we must agree as to what are characteristic symptoms of either the patient or the remedy. The Physiological School teaches us how to generalize, that is, how to ascertain in what manner the different organs or parts of the human body are affected. The object of the treatment is to heal the sick. That that object never has been and never can be accomplished by selecting remedies for the "object of treatment," in other words for "*the disease*" instead of for "*the patient*," is well known. Suppose the object of the treatment is "intermittent fever;" by the aid of the Physiological School we do wisely ascertain that the individual actually has intermittent fever and nothing else: we consult the wise School further, and learn that Chininum sulphuricum is "the specific" for that disease. If we close our eyes and "go it blind," we shall administer the Chininum sulph. But as an intelligent man we may prefer first to ask of "*experience.*" And here allow me to quote from "a high authority" in the Allopathic School, of which the Physiological School is but a part. Professor Samuel Jackson has taught year after year from his chair in the University of Pennsylvania, "that it is a great error to believe

that large doses of Chininum sulph. ever cured one single case of intermittent fever, that the fever was only suppressed by these large and repeated doses, and in its stead another more destructive disease was surely developed."

But to return to our case: we have examined the patient, and find, for instance, that he has a chill every day at eleven A. M., with pain in the abdomen followed by heat; he must lie down as soon as the chill commences; the whole body is cold, but not the face; there is no perspiration and no thirst during the attack. Such a case will yield, did yield, to one single dose of Sabadilla 200—why? because it was the truly homœopathic remedy; and why? The characteristic symptoms of the patient were, 1, return of the chill at the same hour every day; 2, thirstlessness during the paroxysm; 3, coldness all over the body except in the face.

The same characteristics belong to the remedy and hence the result, a permanent cure by one single dose.

To contend that the name of the disease can give any assistance in the choice of the remedy is simply absurd. There will soon be published two cases of *epilepsy cured*—one by Cobaltum met., the other by Tellurium, the choice of the remedy in either case was made in accordance with some so-called unimportant and accidental symptoms.

The question at issue resolves itself into this: what are essential, important, that is characteristic symptoms, and what are accidental and unimportant symptoms?

When medicines are subjected to the provings on the healthy, *they develop a variety of symptoms in a variety of provers. Each prover has his own peculiar characteristic individuality affected by the medicine in a peculiar manner; other, differently constituted individuals experience different and yet similar, peculiar symptoms from the same medicine.* There is a similarity and a difference evident on close comparison. In like manner diseases and all other, external influences, affect different individualities differently and yet similarly. The Physiological School and its followers accept in disease only what is general to all those affected by it; in medicinal

provings in the same manner they accept only that which has been experienced alike by the many: in both cases *they* simply *generalize*. The Homœopathic School reverses this order, accepting all the symptoms experienced by the differently constituted provers, *they again consider as peculiarly characteristic the individual symptoms of the patient*, those not generally experienced by others suffering from a similar form of disease. *This is individualizing*. Thus while it is the highest aim of Homœopathy to individualize, it becomes a hopeless task to think of realizing a successful system of Therapeutics based on the Physiological School to which Homœopathy is to be made subservient. Such books are written no doubt in good faith,—so were the books on knight-errantry, and yet who reads them now? Cervantes exposed the folly into which otherwise most excellent men like Don Quixotte will fall, if they lose sight of first principles and give themselves up to the hallucination of correcting evils and becoming benefactors and succoring all the oppressed or enchanted. And as Cervantes in his great philosophical work offered the world the truly curative remedy for a prevailing folly, so in our own days Dr. v. Grauvogel offers the world, in his recent work, a truly curative remedy for all those benighted physicians who still squint at, long for, and desire to submit to the "Physiological School." As soon as our space permits, we shall give in translation some passages of Dr. v. Grauvogel's latest exposition of this irrational, false and exploded School.

HOMŒOPATHIC STATE SOCIETY OF PENNA.

On invitation of the Homœopathic Medical Society of Alleghany county, Pennsylvania, a meeting for the purpose of forming a State Homœopathic Medical Society will be held on Tuesday, June 5, 1866, at *ten A. M.*, in the building of the *Pittsburg Homœopathic Hospital and Dispensary*, Pittsburg, Pennsylvania, on Second street above Smithfield street. We would invite the attention of the Homœopathic physicians of Pennsylvania to this call to meet in convention, in Pittsburg, on the day preceding the opening of the American Institute. It is desired that *every Homœopathic* physician in the State should co-operate in forming the new State Society. *The invitation is to all Homœopathic physicians.*

A FEW WORDS ON CLINICAL CONTRIBUTIONS.

By W. JAMES BLAKELY, M. D.

The practice of reporting, for our journals, cases of disease successfully treated, has become time-honored in the history of our school. The advantages occurring to the profession at large, from such contributions, are, to say the least, very doubtful, as it is but seldom, if ever, that we see two cases of the same disease so exactly alike in all particulars, including age, sex, temperament, condition in life and climacteric influences, as to warrant their treatment by the same remedy, without having, previously, ascertained from the Materia Medica that the totality of its symptoms are similar to those of the disease.

I, therefore, advance the proposition that: Clinical Contributions, as generally reported in our journals, are productive of more harm than good to the profession; and to this I will make but one exception which I will state: Clinical Contributions in which the cases have been carefully studied, the symptoms diligently compared with the Materia Medica until a *simillimum* has been found, and in which one remedy has effected a cure, or in which, at least, only one remedy has been employed at a time, and changed only as the symptoms have required, are, to a certain extent, valuable to the profession. Even they, however, are of little practical use to those reading them, but they serve as an illustration of the powers of a certain remedy to remove a given array of symptoms, no matter in what disease occurring. They are thus an additional evidence to the practitioner of the correctness of the Materia Medica in general, and of the pathogenesis of the particular remedy employed; and will impress upon his mind a group of symptoms in one body, which, in the Materia Medica, may be scattered through the entire

pathogenesis of the medicine. Should such contributions be viewed in this light, the homœopathician will not follow the example of his allopathic *confrere* in the treatment of disease: he will not blindly administer Phosphorus in his next case of pneumonia, because Dr. A., has successfully employed that remedy in a certain stage of the disease, but he will have indelibly impressed upon his memory a *tout ensemble* of the pneumonic symptoms of Phosphorus, which *may* be of practical value to him at some future time, but which, *certainly*, will have increased his knowledge of the Materia Medica, and which will remain to him long after the source from which he has derived it has been forgotten.

It seems to me evident that, in this way alone, can clinical contributions be of value to the practitioner; that thus, only, should they be considered or made available, and, I may add, with this view, alone, should they be written. Our journals have been established, and are conducted, as media through which members of the profession may give to each other the benefit of their knowledge or the results of their experience, but it must have become painfully evident to all true lovers of our art, from the large space monthly and quarterly occupied by clinical reports and the comparatively small number of original scientific articles, that our journals are not conferring those *real* benefits upon the profession which otherwise might reasonably be expected. It might, indeed, be urged, that many physicians, from want of time, have not made the researches necessary to enable them to contribute learned articles upon subjects connected with our service, and that they wish in some way to aid the great cause in which they have enlisted. The intention and the object are most commendable and worthy of all praise, but the question arises: do their efforts benefit their medical brethren by stimulating them to still greater exertions, or by furnishing valuable material to be of use to them in their practice, or do they become positively injurious by inducing laxity of study and of thought? To my mind the latter is true as regards the great majority of clinical contributions, and I

will, therefore, in this place, repeat my proposition, and, actuated only by a love of the best interests of my profession, will attempt to sustain it. Clinical contributions, as generally reported in our journals, are productive of more harm than good to the profession. Hahnemann, the discoverer of our law of cure, and who *ought* to be considered good authority on any question relating to it, lays it down as an axiom that, in any given case of disease, the symptoms shall be carefully collated and studied, and a remedy selected from the Materia Medica, the totality of whose symptoms shall be similar to those of the individual case in hand. He distinctly charges that this course shall be pursued in each case which the physician undertakes to treat, and asserts that to individualize each case and to consider it as an entity in itself, and not as a part of the whole, is the only way in which the proper *simillimum* can be discovered and a perfect cure effected. Authority so high cannot be disputed, for all admit that as far as the law *similia similibus curantur* is concerned, it came from the hands of Hahnemann perfect, and not susceptible of improvement. Hahnemann and his earlier disciples, acting upon this principle, mastered their cases, and achieved, in their practice, a success so remarkable, as almost to seem miraculous, attracting patients from all parts of the world. It is a sad commentary upon our boasted advancement, that our success in the present day is not equal to that of the apostles of Homœopathy, and for this there must be a cause. To discover that cause, and especially to do away with it, would be the greatest blessing to our system which it has received since its promulgation by Hahnemann, inasmuch as it would lead us back to the purer and simpler days of Homœopathy and farther away from the practices of Allopathy, towards which I fear we are drifting, It would lead us to obey that grand yet simple rule of the great Master, that the remedy is to be chosen, *in every case*, in accordance with the totality of the symptoms, and farther away from the practice of treating disease by *names* and by the clinical records of others.

It is well known that Hahnemann had no reported cases to guide him in his practice and, from his language in the preface to the second volume of his Materia Medica Pura, we may judge that he would not have favored them, for he says: As regards the request of my friends to show how in a general manner I cure diseases, it is rather difficult for me to comply with it, nor would it be very profitable for them that I should do so. *Every single case of cure only shows how this cure has been effected.* The principle, according to which the treatment of every case of disease is conducted, is essentially the same in all cases, although its application differs according to the symptom of the case. *Every special case of disease being a group of distinct symptoms, and different from those of any other group, the investigation of a remedy which shall be applicable to any given group has to be conducted in a perfectly distinct and independent manner.* I have italicised those portions to which I particularly wish to draw attention.

"Every single case of cure only shows how this cure has been effected." If this be true, and I certainly accept it as such, then the reporting of clinical cases becomes useless, in so far as they may be adopted as examples for subsequent treatment in similar cases, if there be such thing as *absolutely* similar cases, which I do not believe. They, furthermore, become harmful by leading the practitioner away from the right method of prescribing—individualization of his case—and into the method of generalization, which is fast becoming the bane of our school.

On the contrary, they are useful in so far as they show how a particular cure was effected and how the selection of the proper remedy was arrived at, and it was with this view that Hahnemann, to a certain extent, complied with the wishes of his friends, and, in a few simple cases, detailed his method of selecting the remedy; but he, by no means, intended that if any of those friends should afterwards meet with what they considered similar cases, they should administer Bryonia in the one or Pulsatilla in the other, because he had effected cures with them, but that they might learn, and follow, the

proper method of prescribing in disease, for he says: "Every special case of disease being a group of distinct symptoms and different from those of any other group, the investigation of a remedy which shall be applicable to any given group *has to be conducted in a perfectly distinct and independent manner.*" Here we have a continuation of the same idea, expressed, however, in much more forcible language, and which, if it were followed in all cases, would absolutely do away with all clinical records, or with, what might be termed, the necessity for them, but in the existence of which necessity I do not believe. By the foregoing has been, I think, clearly shown the proper and *only* true method of prescribing in disease: I will now show some of the results of the publication of, and consequent use—or rather abuse—of clinical cases by physicians. The practitioner is led to prescribe for the *name* of a disease by using a remedy, in a given case, because he has seen a reported cure by it in a case which, by generalization, he considers similar to his own, instead of searching the Materia Medica for a *simillimum* as he would have done had there been no clinical records. If the remedy *luckily* prove to be the one indicated, so much the better for his patient, but how much worse for him; the habit of generalizing becomes fixed and his chances of becoming a true physician are lost. But if the remedy do not cure the case, the friendly records must again be searched until another be found, and so on through a score of remedies until the proper one is luckily hit, or the patient dies, in either of which events he retires from the charge of his case dispirited and disheartened, wondering why the remedies which have cured so many cases of the same disease have proved so totally inoperative in his. And here is the reason why Homœopathy, in the hands of some physicians, is scarcely superior to Old School practice. It is the habit of generalization, instead of study, thought and thorough research, which distinguished the Master and his immediate disciples. What they have done, we can also do; and if we have not the great talents of Hahnemann, we can have, at least, his untiring industry and patience if we strive for it;

we can each employ, in the best manner, those talents which the Almighty has given us, and can each, be his sphere eminent or lowly, be productive of great and incalculable good to ourselves, to each other, and to suffering humanity.

Is my declaration too sweeping when I charge that clinical contributions are productive of more harm than good to the profession? Let each sincere and conscientious homœopathician ask himself the question, and be he radical or conservative, progressive or otherwise, I think he will answer that it is not.

I, therefore, say again, that the only true method of prescribing is by the individualization of the case and the selection, from the Materia Medica, of a remedy the totality of whose symptoms corresponds with those of the disease to be removed; that clinical records, when used as a guide in subsequent cases, are harmful by leading away the physician from the true method of prescribing, and by involving a waste of time perhaps precious—by not affording the relief expected because the cases were not *similar*, and by dispiriting the physician by his want of success.

I have been led to make the foregoing remarks by several reported cases which I have seen in our journals, and which I had intended to discuss at some length. However, as these "Few Words" have become more extended than I had at first anticipated, I shall make my quotations and criticisms more brief, and I may remark, *en passant*, that in alluding to cases I have no desire to display a captious spirit, or to injure the feelings of any one, but when cases are reported, they become the property of the profession and are liable to fair and reasonable criticism.

Case 1.—Chelidonium majus in typhoid fever. This case is brought before the profession in order to establish the value of this remedy in typhoid fever. The treatment from August 27th, 1862, to August 29th, inclusively, is as follows: Ars. and Puls. alternately; Ars. and Verat. alternately; Acon. and Ars. alternately; Bry.. Nux v. and Merc. successively; China and Puls. alternately; Acon., Bry. and Merc. success-

ively. From August 30th until September 20th, treatment as follows: Chelid. maj.; Puls. and Chelid. alternately; Canth. and Puls. alternately; Chelid. and Puls. alternately; Chelid. and Canth. alternately; Copaiva and Chelid. alternately; Rhus tox. and Chelid. alternately; Rhus tox.; Rhus tox. and Merc. dul. alternately; Merc. dul.; Ipec. and Puls. alternately; Castor oil, afterwards Chelid. and Puls. alternately; Ars. and Chelid. alternately; Chelid. maj.; Puls. and Chelid. alternately.

If this course of treatment be good Homœopathy I shall not at present inquire, having only quoted the case as an illustration of the correctness of my previous remarks; and I assert that if the course pursued in the treatment of this case be followed by physicians who read it (and it certainly will), it will be disastrous to them, leading them away from the true method of selecting the remedy, and involving them in one, at once doubtful, loose and irregular. How, among the fifteen remedies prescribed, five of which were alternated with the medicine said to have cured the case, can we discover that Chelid. maj. was the *simillimum?* It may have been; but so far as any knowledge on our part exists, it may have been Ars., or Ipec., or any of the others employed.

Case 2.—Extract from an article on diphtheria,—the italics are my own: "*The treatment most in favor with the writer* is Belladonna (mother tincture) and Merc., Prot. iodide (two or three grains of the first decimal trituration) alternately every two or three hours, and a solution of Chlorate of Potash as a gargle once in two or three hours; salt and water, strong as possible, externally. If the Prot. iodide *affects the bowels* its use is suspended, and Nitric acid, strong enough to acidulate the water in which it is dropped, is given. But the *sheet anchor* is the Prot. iodide. After the acme of the disease is reached, Arsenicum meets the adynamic sequelæ. China is also of service, and that in no meager doses." To the remedies recommended here I have no objection, nor have I to their quantity or strength; but I do most decidedly object to the manner in which the above extract is written. The

writer evidently has a settled treatment for all cases of the disease, as he speaks of that *most in favor* with him. Then when the Prot. iodide *affects the bowels* (O Tempora!), give Nitric acid (it will not be necessary to trouble yourself as to whether it is indicated), but never forget that the Prot. iodide is the *sheet anchor*. Afterwards you may give Arsenicum or China (not much difference which) to meet the sequelæ. Compare this with the following from Watson's Practice of Physic, and deny that my fears, "that we are drifting towards allopathy," are unreasonable: "Counter-irritation is frequently of great use, as an auxiliary measure, in the treatment of acute bronchitis. Sensible relief of the cough and of the oppressed breathing often follows the rising of a large blister laid across the front of the chest. When the dyspnœa is extreme, and a more speedy counter-irritant is required, you may have recourse to the mustard-poultice. Inhalation of steam of hot water is also very soothing and useful. It is one of the best expectorants I know of when it answers at all; but to some persons it proves irritating, and they derive no comfort from it." Is there any similarity in the style of these two extracts? The only *difference* I can see is that Watson's is, if any thing more precise in his indications. If this state of things is to continue, what becomes of our vaunted superiority? If our remedies are to be chosen as carelessly as the allopath selects his, our law of cure will not avail us much.

In conclusion, I will add a case of my own, which is, I think, a good illustration of the two methods of prescribing to which I have referred.

June 15th, 1861. Was called to see a lady, aged 21. Nervous-bilious temperament; led a sedentary life as teacher in an academy. Case presented the following symptoms: cough for past three months, caused by exposure to cold; cough loose in the mornings; headache, especially in the temples, from coughing; shooting, wandering pains in chest and left side of chest; pains worse in the morning and evening; pains worse before, and relieved by, coughing; headache sometimes in the vertex and occiput; headache

increased by mental application; dull, stupid feeling in the head when she has headache; nausea after meals; headache always worse when the cough is most severe; rattling of mucus in chest; pain in the region of the heart; dyspnœa and suffocation at night. After looking over the above symptoms which I noted down at the time, and considering them, I prescribed Bry.^{3} and Tart. em.^{3} in alternation, a powder every four hours.

June 19th. Cough better and looser; pains in chest worse; nausea and inclination to vomit; dyspnœa and suffocation yesterday morning; head not so dull; much nausea yesterday; not so much rattling of mucus; excessive hunger without being able to partake of food; spasms of stomach; rheumatic pains in limbs; menses delaying and generally scanty. Bry.^{3}, Puls.^{3}, alternately; a powder every four hours.

July 8th. Dull, and sometimes sharp, pains in stomach, worse after eating; cough nearly gone; headache of the entire head; no dyspnœa; excessive hunger; cramp in feet at night. Bell.^{2}, Nux v.^{3}, alternately; a powder every six hours.

July 29th. Head better; cramp in feet better; cramp in stomach; excessive hunger; cough gone; pains in chest and left side. Bry.^{3}, Caps.^{1}, alternately; a powder every six hours.

August 10th. Head still better; pains in stomach very bad for the past few days; pain in side; cramp in feet last night; a little cough for two days; no appearance of menses. Ars.^{3}, Merc. c.^{3}; a powder every four hours.

Under this "hit or miss" treatment the patient finally recovered in about a month after the last date given.

Just four years afterward (June, 1865), I was called to the same patient, who informed me that she was just as she was in the other attack; and indeed I found the same train of symptoms presenting. She was, however, rather worse than in the former attack, being confined to bed, and complained particularly of her cough. Her principal symptoms were:

cough very loose and with profuse expectoration; alternate chills and heat; severe headache; dyspnœa; inability to sleep at night on account of coughing; pains in chest and left side; rheumatic pains in limbs; cramp in stomach, and in the fingers; menses delaying; nausea and vomiting; loss of appetite; great debility. She desired to have the same medicine as in the former attack; to which I gave an indefinite answer, left some Sac. lac., and went home to study the case, not referring to my former notes. I finally decided that Bryonia was the medicine most similar to the symptoms of her case. I, therefore, prescribed: Bry.^{30}, one powder each night; Sac. lac. every four hours. In one week the cough and all the other symptoms had disappeared, and, with the exception of debility, she was restored to health. Here, I think, is a fair illustration of the superiority of the *true* method of selecting the remedy. Had I referred to my clinical notes of the previous attack, and followed them, my success would probably have been the same, or worse, than at that time.

The Professor of Surgery in the Homœopathic Medical College of Pennsylvania.—At a late meeting of the Trustees of the Homœopathic Medical College of Pennsylvania, George F. Foote, M.D., of New York city, was unanimously elected to fill the Chair of Surgery, made vacant by the resignation of Professor Pusey Wilson.

The friends of the college will regard this change with great interest. The continued illness of Professor Wilson,—which led to his resignation,—had proved a serious hindrance to his usefulness, by rendering him incapable of delivering his lectures. Dr. Foote will remove from New York to Philadelphia, and devote his whole time and energies to the advancement of medical education, and to the thorough illustration of *homœopathic and operative surgery*. And to the accomplishing of these great objects, he will contribute the best results of many years of active experience in the practice of medicine and surgery, and no small amount of medical and surgical skill and dexterity.

CLINICAL OBSERVATIONS.

BY AD. LIPPE, M. D.

Mrs. P. thirty-six years of age in robust health, took cold and from it a catarrh—took herself Aconite, Nux v., Merc. v., and had snuffed up some medicated snuff; the nose remaining stuffed up, had inhaled through the nose hot steam, but grew worse; I saw her on the fifth day after she had been taken sick, and found the following symptoms: Severe pains in forehead and over the nose with much pressing down, the nose is entirely stuffed up, so that she cannot breathe through the nose; great desire to blow the nose, and while there is much mucous rale above, the nose cannot be blown; the nose is very dry, especially at night; loss of smell and taste; pulse 120, full and hard, from five P. M. all the symptoms become worse; she cannot lie down because she has a sensation of suffocation as soon as she is in a recumbent position; unsuccessful desire to sneeze from a titillation in the upper nares; if she falls into a dose while sitting up at night, she awakes with a sensation of suffocation. Kali bichr. and Lachesis had been admistered without producing any good result. Sticta pulmona. 30, six pellets were now dissolved in half a tumbler full of water, and she took every two hours one teaspoonful during the ninth day of her suffering. After the fifth dose she felt decidedly worse, especially the severe pain over the eyes and in the root of the nose, with violent pressing down as if the frontal sinuses were pressed down; twelve hours later she felt better, the discharge from the nose was very light, she began to breathe and smell first from the left, later from the right nostril; sleep returned, and in two days she was quite well. Among the few symptoms in the provings of Sticta by Dr. Hale, we find "fullness at the root of the nose," "dull heavy pressure in the fore

head and root of the nose." The great dryness of the nose especially at night is a clinical observation.

(2.) During this winter a number of children, at the ages of one to four years were attacked with the following symptoms. They awaken after midnight with a loud barking cough and hoarseness, the attack of coughing continues for an hour or longer, during and at the end of the paroxysm, sneezing. The nose runs water, there are at times two or three attacks between one A. M. and seven A. M. During the day the children are well and cough but little and light. The attack (sometimes there was but one attack at five A. M.) or attacks, recur always at the same hour. One dose of Rumex 30, has controlled every case, the decided improvement generally only appearing at the second morning after its administration, but then it was permanent.

(3.) Mr. A. fifty years of age, on the tenth day of cerebral typhus and doing well, was suddenly attacked at eleven P. M. with a violent pain extending from his left kidney to the bladder, continual unsuccessful desire to urinate, great nausea and much excited; the attack had lasted almost two hours increasing in violence periodically when I saw him, hot applications to the painful side did not relieve him. I gave him four pellets of Nux. vom. 50 m. (Fincke) on his tongue, the pain ceased immediately and he laid quiet, fell asleep and received no more medicine till the attack returned again in forty-eight hours, when the same dose gave relief in about ten minutes; thirty-six hours later he was again attacked in the forenoon after a difficult discharge from his bowels, no more nausea, no desire to pass urine, the pain is deeper seated and continuous. Lycopodium 10 m., 6 pellets dissolved in a spoonful of water, was administered, the relief was very gradual, the pain ceased in one hour, but never returned again; the patient fully recovered without any further medication.

These facts show that the highest potences will act in the most acute cases, but that no permanent cure can be ex-

pected if the best indicated remedy causes an immediate cessation of the symptoms of a grave disease.

(4.) A child, one and one-half years old, awakens at 11 A. M. with a violent cough and continuous vomiting of mucus, the forehead and face are covered with cold perspiration, the face looks and feels like white marble, hands and feet cold; great prostration. One dose of Veratrum album 34 m. (Fincke) relieved the cough very soon; the child fell asleep half an hour after the medicine was administered and slept six hours, awoke well. Later it was found that the child had eaten the day previous a large quantity of ice-cream.

(5.) Mrs. S. a nurse aged sixty-five years, was attacked in January, about midnight, with violent colic and diarrhœa; stools watery, black, offensive; she took camphor and laudanum. I saw her at nine A. M., the countenance showed great suffering, she had frequently vomited in the last hour, stools every ten to fifteen minutes, she described the pains as intolerable, as if the navel were drawn with a string to the spinal column, and as if it were pulled tighter every moment. One dose of Plumbum 200 (Lehrmann), cured this case, so that she could attend to her accustomed duties on the following day.

(6.) Mrs. P. aged fifty-six years. Has been an invalid for over twenty years. She now complains, as most serious and most tormenting to her, of a violent pain in the os coccygis; this pain prevents her sitting up, she must lie on her sides; very great tenderness to the touch; she becomes exceedingly nervous and restless as soon as the pain increases, especially at night, and then it prevents sleep. Every afternoon her cheeks become red and hot and continue so till after midnight. When she stands erect, even for a very short time, pain in the uterus, a bearing down and from it, an aggravation of the pains and soreness in the os coccygis.

Symptom 125 (vide Hahnemannian Monthly, Vol. I., No. 4,) induced me to give Cistus canadensis, all other remedies having failed to produce the desired effect. One dose of the

30th was administered in the evening and was followed by an improvement. The symptoms returned now every other day. Cistus can. 200 was given a week later. This caused at first an increase of the congestion to the head, caused an almost sleepless night from restlessness and great nervous irritability, it was followed by a long-continued improvement which had not ceased in thirty days.

(7.) A gentleman, forty years of age, had slightly injured his left hand by a contusion which left no mark, the lymphatic vessels had swollen up in a large string reaching the axillary gland which was swollen, the swelling had a dark red color and was very painful, especially to contact; he could neither sit still nor lie down; wearing the arm in a sling and walking about gave some relief. One dose of Bufo 200 (Lehrmann) cured him in forty-eight hours, when no trace of redness or swelling remained. This case occurred two years ago and I have prescribed the Bufo for similar symptons with the same result. The indications for the applications are from Hencke's valuable provings, where it produced like symptoms.

(8.) On the 22d of April, I was summoned to see a boy seven years of age, who had scarlet fever some weeks ago, and now for ten days had been very ill. He had been treated Allopathically till then. I found him lying over his mother's shoulder, who had to carry him constantly. Had been carried in that manner some eight days. Dyspnœa was very great, the pulsations of the heart violent, but the sound muffled, face swollen, especially over the root of the nose and between the eyes, feet swollen, urinary secretions almost entirely suppressed. He would sometimes doze for a few minutes during the morning-hours. No thirst. Constipation; pulse over 200 beats in a minute. He received that day and the following day, Apis 200 (Lehrmann) dissolved in water, every four hours one spoonfull. On the 24th he was slightly better, pulse less frequent, he had more thirst, dyspnœa less, some discharge of cloudy urine—no medicine. He became much worse at 4 P. M., the dyspnœa much worse

than before, no secretion of urine, this aggravation subsided at 7 P. M. The following morning (the 25th) he was again better and received no medicine till 4 P. M. of that day, when the aggravation of the symptoms again became very alarming. He now received Lycopodium 10^{m} dissolved in water, every four hours one spoonfull; continued this medicine for 48 hours, when a decided improvement had taken place. He was able to lie in bed for the first time in two weeks, he passed more urine, the bowels were moved quite often, six to eight times a day, discharges thin, brown, offensive. The first day he could lie in bed till about 3 P. M., the next day longer, and in four days did not wish to be carried any more. The swelling of the feet and the dyspnœa gradually decreased, his appetite returned, all the functions normal, without any further medicine. On the 5th of May my assistance was again requested; he was suffering from violent headache, stupor, pulse full and hard, skin hot, face red, received one dose of Belladonna 2^{m}, (Jenichen.)

The next morning (May 6th) I discovered an eruption which proved to be varioloid, and on the evening of that day I gave him one dose of Thuja ^{200}. The pustules filled rapidly and began to dry up on the 10th; his urine became very copious and black. He now received Colchicum ^{200}, dissolved in water, every four hours a tablespoonfull for 24 hours; the urine diminished in quantity, became lighter and was normal in five days. The patient recovered full health, and when seen at the end of August, had never complained of anything since.

INTERMITTENT FEVER.

BY R. C. SMEDLEY, M. D.

At the meeting of our Homœopathic Society of Chester, Delaware and Lancaster Counties, in October last, while discussing the characteristic symptoms of remedies for intermittent fever, Prof. Guernsey said that "in all cases where

the *chills commence in the back,* Capsicum [200] will cure." About two weeks after, I had a case that had been under treatment two months. The first five weeks the chills recurred every other day, since then every day. Came on about noon very severe, *always commencing in the back,* and lasting two hours. Headache, thirst and sickness commenced after the chill. Complexion sallow. My friend, Dr. Wood, who was present at the time, remarked, "That is a good case for Caps. [200]." We gave it, and she has never had a chill since, now four months.

In a few days another case presented, with the following symptoms—chill every morning, with shaking, followed by heat, no sweat, not much thirst, little appetite, headache during the entire paroxysm, nails become blue, complexion sallow, *chills always commencing in the back.* Gave Caps. [2], in drop doses three times a day. Saw her three days after. She had had chills every day, "but did not shake. Gave one dose Caps. [200], and left another to be taken next morning. She has not had a return of the chills since. Complexion improved, appetite returned, and with it her usual health.

On February 28, I was called to see a man who had returned from the army about two weeks. Had chills and fever since 27th of September. Chills came on at any time of day, sometimes followed by heat and sweat, sometimes by heat only, thirst during every stage, headache commences with the chill, and continues during the entire paroxysm. Chills commence in the back and spread over the body. Gave one powder, Caps. [200], and left two others, one to be taken after each chill.

February 29. No chill.

March 1. Had a light chill, took one powder, and has not had a return of chills since.

I have used the Caps. [200] in other fevers with that characteristic symptom of chilliness, and thus far it has subserved the purpose for which it was designed.

NEURALGIA.

BY R. C. SMEDLEY, M. D.

Was called on the 22d October, to see M. F., then suffering severely with sharp, drawing, jerking pains in arms, from shoulders to wrists, worse in right arm and during motion, unable to sleep before 2 o'clock in the morning, pains returned immediately after waking. Gave Bry. ^{3}. Next day, no better. Gave Bry. ^{6}.

October 24th. Pain removed to top of head, extending to occiput and nape of neck, sickness at stomach. Gave Ip. ^{2}, followed in 6 hours by Bell. ^{1}, no relief during the day.

October 25th. Pain changed during the night from head, to stomach and bowels, was so severe as to prevent sleep. In morning it changed to shoulders and back. Gave Puls. ^{2}.

October 26th. Had a restless night, no sleep until 2 o'clock, pain in chest during night, so severe and cutting that she could scarcely breathe. In the morning it removed to shoulders and arms. Gave Puls. ^{6}. In the evening, no better. Feeling confident that Pulsatilla was the right remedy, I gave one powder of the 200th, and left another to be taken after midnight if she felt no relief. In a short time the pain abated, and she slept well from 12 o'clock till 6.

October 27th. Much better. Directed her to take no more medicine while improvement continued. She had but little pain during the day ; slept well the two following nights, when all pain left her, and she has been entirely free from it since.

DIPHTHERIA.

Case reported to the Homœopathic Medical Society of Vermont.

BY M. G. HOUGHTON, M. D.

The subject of this case, a girl of ten years, had diphtheria in August, 1864, was treated by a Homœopathic Physician, but had not been well up to the time of writing this report, having had repeated attacks of inflammation and swelling of the tonsils, as I was informed.

I was called to visit her on the 2d of March, 1865, when I found her with a swelling immediately beneath the angle of the lower jaw, on the right side, about the size of a hen's egg, which I ordered poulticed, and on the 8th lanced the same, when it discharged freely a thick pus, which continued more or less for two days, amounting in all to one-third of a pint.

But that which I had purposed more particularly to report, was a subsequent attack of diphtheria.

I was summoned to see this girl on the 20th of March, 1865, had had inflammation and swelling of the tonsils for two days past, with some membranous deposit; tonsils are now excessively swollen, with fiery redness about the margin of the membrane; externally on the left side is a swelling as large as a turkey's egg; respiration hurried; pulse upwards of one hundred per minute.

Prescribed Merc. sol. 200; a powder to be repeated once in two hours.

Visited her again on the morning of the 21st. She has had a restless night; has not slept five minutes at a time; has constant thirst; difficult and painful deglutition; respiration hurried and very much obstructed; membrane in the throat not materially increased; pulse one hundred and twenty per minute.

Continued Merc. Sol. 200 once in two hours.

Morning of the 22d. The swelling externally has abated, and also somewhat internally; the membrane is being detached, and there is less fiery redness, though deglutition is difficult and respiration laborious; pulse one hundred and twenty per minute, and short, hollow sounds of the heart's action.

During the past night has had violent twitching of the muscles, incoherent talking, and occasional choking spells upon falling asleep. Has not slept three minutes at a time.

Continued Merc. sol. 200 once in two hours.

Visited her again in the evening of same day. The swelling is reduced one half; the membrane is clearing up; can

swallow better, but cannot breathe through either nostril; a discharge from right nostril, which is ichorous in appearance and corrosive in effect.

Notwithstanding she cannot breathe through either nostril, there is a *fan-like motion of the nostrils* at every act of inspiration, not only observable by myself, but had attracted the attention of the attendants. (This, gentlemen, is a symptom which characterizes a certain remedy, and no other remedy in the Materia Medica has it.) Violent and hurried beating of the heart, and to cap the climax she has sinking spells.

Prescribed Lycopod. 200, once in two hours.

Morning of the 23d. Has had hæmorrhage from the posterior nares during the past night, though not excessive; no discharge from the right nostril now, but from the left; has not slept during the past night, but has been very restless; no sinking.

Continued Lycopod. 200, once in three hours, and sent for counsel.

Visited her again in the evening of the same day. Feels better, less discharge from the nose, and less thirst, has rested a little, pulse one hundred and eight.

Continued Lycopod. 200, once in three hours.

Morning of the 24th. Has slept some three hours during the past night; breathes better; less thirst and a little appetite. Can now force the air through the nose with some exertion.

Has blown a thick matter from the nose. Pulse one hundred and eight.

Continued Lycopod. 200, once in four hours.

Visited her again on morning of the 25th. No discharge from the nose; slept four hours the past night; has more appetite. Pulse one hundred.

Continued Lycopod. 200, once in four hours.

26th. Is doing well—slept six hours the past night—good appetite. Continued Lycopod. once in five hours, and I am happy to say, gentlemen, the patient made a speedy recovery.

CALL FOR A CONVENTION TO FORM A STATE HOMŒOPATHIC MEDICAL SOCIETY.

The Convention will be a general assembly of Homœopathic Physicians irrespective of appointment as delegates.

WHEREAS, the Alleghany County Medical Society has called a convention of all the Homœopathic Physicians of Pennsylvania, to meet in Pittsburg, June 5, 1866, for the purpose of forming a State Homœopathic Medical Society—

We would respectfully recommend to our brethren, the Homœopathic Physicians of Pennsylvania, to endeavor to the utmost of their power to attend this convention, and assist in forming a State organization.

Philadelphia County.

FRANCIS SIMS, M. D.	JACOB JEANES, M. D.
CONSTANTINE HERING, M. D.	WALTER WILLIAMSON, M. D.
DAVID JAMES, M. D.	RICHARD GARDINER, M. D.
J. H. P. FROST, M. D.	SAMUEL FREEDLEY, M. D.
JOS. BERENS, M. D.	WM. H. SMITH, M. D.
J. G. HOWARD, M. D.	JNO. C. MORGAN, M. D.
J. K. LEE, M. D.	SILAS S. BROOKS, M. D.
W. S. HELMUTH, M. D.	A. H. ASHTON, M. D.
AD. LIPPE, M. D.	A. W. KOCH, M. D.
C. NÉIDHARD, M. D.	M. SEMPLE, M. D.
O. B. GAUSE, M. D.	C. G. RAUE, M. D.
W. H. H. NEVILLE, M. D.	R. J. MCCLATCHEY, M. D.
W. M. WILLIAMSON, M. D.	H. C. PRATT, M. D.
C. E. TOOTHAKER, M. D.	H. N. GUERNSEY, M. D.
P. DUDLEY, M. D.	SAMUEL BROWN, M. D.

DAVID T. TRITES, M. D., Manayunk.
THOS. MOORE, M. D., Germantown.
GEO. W. MALIN, M. D., "
C. KARSNER, M. D., "
RICHARD LEWIS, M. D., Frankford.
R. R. ROBERTS, M. D., Harrisburg.
JNO. R. READING, M D., Somerton.
MAHLON PRESTON, M. D., Norristown, Montgomery Co.
W. R. POWER, M. D., " "
EDWARD READING, M. D., Hatborough, "
A. WILLIAMS, M. D., Phœnixville, Chester Co.
J. B. FRAZIER, M. D., Conneautsville, Crawford County.
J. P. PFOUTS, Wilkesbarre, Luzerne County.

A. H. Worthington, M. D., Richboro', Bucks Co.
H. Kelsay Burns, M. D., Bristol, Bucks Co.
S. R. Dubs, M. D., Doylestown, Bucks Co.
A. H. Clayton, M. D., Doylestown, Bucks Co.
Emil Tietze, M. D., Altoona, Blair Co.
H. Detwiller, M. D., Easton, Northampton Co.
J. J. Detwiller, M. D., " "
C. J. Roseberry, M. D., " "
G. D. Slough, M. D., South Easton, "
A. D. Becker, M. D., Lawbacks, "
G. H. Bute, M. D, Nazareth, "
J. P. Hark, M. D., " "
E. W. Townsend, M. D., Greensburg, Westmoreland Co.
W. Jas. Blakely, M. D., Benzinger, Elk Co.
O. W. Brickley, M. D., York, York Co.
Ire W. Brickley, M. D., " "
George Brickley, M. D., " "
Wm. M. Bardin, M. D., Mansfield, Tioga Co.
Jos. P. Morris, M. D., " "
Jno. M. Barden, M. D., Rutland, Tioga Co.
B. R. Bratt, M. D., Reading, Berks Co.
J. C. Jones, M. D., West Chester, Chester Co.
Coates Preston, M. D., Chester, Delaware Co.
J. H. Marsden, M. D., York, Sulphur Springs, Adams Co.
J. T. Baker, M. D., Lancaster, Lancaster Co.
S. H. Metzgar, M. D., " "
Thos. Bryan, M. D., New Sheffield, Beaver Co.
C. I. Wendt, M. D., " "
Jno. Bryan, M. D., Service, Beaver Co.
Wm. Harvey Cook, M. D., Carlisle, Cumberland Co.
T. C. Stevenson, M. D., " "
R. C. McClelland, M. D., Glade Mill, Butler Co.
And others.
Chas. Lancaster, M. D., Pottsdam, Montgomery County.

MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF VERMONT.

This Society held its (adjourned) eleventh annual meeting, at St. Johnsbury, Vermont, on Wednesday, January 17th, 1866, at 10 o'clock, A. M.

In the absence of the President and Vice President, Dr. G. E. E. Sparhawk occupied the chair.

The minutes of the preceding meeting were read and approved.

It being next in order to elect officers for the ensuing year, the following gentlemen were nominated and unanimously elected:

President—G. E. E. SPARHAWK, Gaysville.
Vice President—C. W. SCOTT, Lyndon.
Recording Secretary—M. L. SCOTT, Bradford.
Corresponding Secretary—M. G. HOUGHTON, St. Johnsbury.
Treasurer—H. M. HUNTER, St. Johnsbury.
Auditor—C. H. CHAMBERLAIN, Burm.

Meeting adjourned to 1½ o'clock, P. M.

1½ o'CLOCK, P. M.

Meeting called to order by the President.

The Committee on "High Potencies" made a very full report, and an animated discussion followed.

Dr. C. W. Scott reported a case of leprosy of 35 years standing cured with Lachesis 1000.

Dr. M. G. Houghton reported a very interesting case of diphtheria successfully treated with Merc. sol. and Lycopod. 200. This case is reported in full below.

Drs. Jones, Chamberlain and Hunter reported success in use of High Potencies.

Dr. Sparhawk reported case of syphilis cured with Nitric Ac. 200.

Dr. M. L. Scott reported case of syphilis, with well defined chancres, cured with single dose of Merc. sol. 1000.

Dr. Richardson reported a case of leprosy, accompanied by chills, and severe burning in the feet, cured by Arsenicum, 5000.

A lively discussion on the subject of *alternating remedies* was held, and the practice condemned by nearly every member present.

The Secretary reported gratifying intelligence from all sections of the State, regarding the progress of Homœopathy. This society numbers forty members.

Adjourned to meet at the State House, Montpelier, Wednesday and Thursday, June 6th and 7th, 1866.

M. L. SCOTT,
Secretary.

On Homœopathic Terminology.—Attention is drawn to this important subject by the U. S. Med. & Surg. Journal, in an article of its second number, (Vol. I, p. 175,) where it says:

[1] "Nor do we, while granting foreigners the right to use our language, and even to misuse it, think them entitled to add to it;"

[2] ""Potentiation"" seems uncalled for, as much as ""Homœopathician,"" and as ill sounding and void of meaning;"

[3] "But the Dr. has invented so many new terms: . . . . Thus we have in a subsequent chapter: ""Homœoteptomeria, Nosausis, Hygiansis, Hygiopœsis, Pathroktony, Endeixis, Pathropœia, Clydonics,"" and many more of the like."

On reading this, any well trained philological mind, friendly to Homœopathy, and to American literature, must feel surprise and regret, that such hasty assertions of a mistaken purism should have appeared in a homœopathic publication of this country.

[1] Whilst we may not be able, to help it, when foreigners "misuse" our language, we must not grant them "the right" to do so.

But, not to "think them entitled to add to it," would seem to be, not only contrary to the nature and history of our language, but questionable policy, and hardly fair.

The instances are numerous, where foreigners have added to our language. The American dictionaries frequently refer to Lieber, Agassiz and others, for new terms in several branches of Science.

On its very title-page the Journal has the word "homœopathic," and whence did we get it, but from "foreigners"?

By the way, as to the word "foreigner," it has been decided by the Supreme Court of the United States, years ago, that naturalised citizens are not foreigners.

[2] Homœopathy certainly wants a distinct term for her peculiar mode of preparing remedies out of crude drugs, that is, making potencies, and in the English dictionary we find no other word available to the purpose, than "potentiate," *i. e.* to make potent, which is under no less an authority, than Coleridge's.

This word expresses precisely what is wanted here, and is unobjectionably been well formed, from *potentia* = potency, on the same principle as the words: "differentiate," *i. e.* to make different (Davies), from *differentia* = difference; pre-

sentiate" *i. e.* to make present, (Grew, Dr. Johnson) from *præsentia* = presence, and "essentiate" (B. Jonson, Boyle) from *essentia* = essence, "substantiate" from *substantia* = substance, and others.

From "potentiate" comes "potentiation" very naturally and properly, just as "differentiation," *i. e.* formation of differences (Agassiz, Worcester,) comes from "differentiate."

Some homœopathic writers use the terms "potentize" and "potentization." But these words are not to be found in the English dictionaries. Nor could they well go there, being without precedent or parallel, infelicitously formed, and orthographically bad. If admissible at all, they could be so only as Gallicisms, (reminding us of "potent" and "potence," which are English nouns from the French, signifying a crutch, and, in Heraldry, a cruthlike cross, and of "*potence*," which is French for a gibbet); and hence, if used, they should at least be written with an "s" instead of a "z" (see Webster's and Worcester's rules on Orthography).

The term "Homœopathician" supplies a want long felt, and is a very good word, deserving the favor with which it is, almost universally, received in homœopathic parlance. (Compare Dr. Morgan's remarks in the American Homœopathic Review, Vol. VI., p. 42). It is formed from "homœopathic", and as properly and correctly so, as the terms "physician, mathematician, magnetician, tactician, mechanician, etc.," are in their way. It sounds much better than the similar formations of "electrician, statistician, logician, etc." Its meaning is clear and precise. It corresponds to Hahnemann's original "*Homœopathiker*" and is a short and handy term, to designate a regular homœopathic physician, as contradistinguished from "Homœopathist" which is decidedly Frenchy and, linguistically, means one who plies Homœopathy as an "ism"—"Homœopathism", if you please.

If the word "Homœopathician" is not yet in the dictionaries, surely, it will be there soon, just as the terms "homœopathic" and "Homœopathy" are already there, for which we seek in vain in grand old Johnson. These things take their natural course. The terms are first being used in professional language, then gliding from professional into general literature, and lastly registered in the dictionary.

[3] Respecting the other "terms" above mentioned, it must be said, that they are neither "new terms", nor "invented." They are all old words, found in the Greek dictionary, and some of them, as Endeixis, are even old medical

terms, accepted in Medical and English dictionaries (Dunglison, Worcester.)

The term "Clydonics" was introduced some time ago by Sillman (see Scientific American, Vol. XII., New Series, p. 225).

Homœopathy is a living thing, and so is our language. Neither of them, for their daily wants, can afford to wait for the slow march of Lexicography. And, in fact, the English language, from its beginning, always did, and continually does, assimilate foreign words, especially Greek ones for scientific purposes. Even the pages of the U. S. Med. & Surg. Journal are full of "new terms" borrowed from the Frenchmen, and from the physiological school of the Germans, and not to be found in the dictionaries of the English language.

Are we, here in America, to close up the rich old wells of our language, and to stop its growing? And is Homœopathy, the pioneer of modern science, to lag behind in the general progress, simply because of want of a proper terminology? The genius of our language and the spirit of Homœopathy would both protest. PHILOLOGUS.

HOMŒOPATHIC MEDICAL SOCIETY OF ERIE COUNTY.—The regular quarterly meeting of this Society was held at the office of Drs. Wright & Hoxsie in the city of Buffalo, on Wednesday evening, April 4th, 1866.

Dr. J. A. Compton of White's Corners, and Dr. G. C. Hibbard of Springville, were admitted to membership. A report was received from Dr. C. W. Scott of Lyndon Vt., of a case of "Psoriasis" of thirty-five years standing, cured with Lachesis 1000th. Dr. C. W. Boyce of Auburn, N. Y., also sent an interesting account of the "Epidemics of Cayuga county, N. Y., during 1865." An extract from the "Clinical Record," of Dr. Carroll Dunham of New York, relating the cure of fibrous hemorrhoidal tumor, with Sulphur 200th, was read.

The thanks of the society was voted to Drs. Scott, Boyce and Dunham for their interesting contributions. Dr. Martin, a member of the society, then read a dissertation on the treatment of "whooping cough," after which the society adjourned to meet Thursday evening, April 19th, at 7½ o'clock, at the office of Drs. Wright & Hoxsie.

H. N. MARTIN, *Secretary.*

PUBLICATIONS RECEIVED.

New England Medical Gazette.—The March number contains an interesting discussion of *Tracheotomy in Croup*, by I. T. Talbot, M. D. This operation is stated to have been successfully performed, (by Allopathic surgeons) 207 times in 564 cases, 38 per cent. of cures.

Dr. T. very justly advises "to defer the operation until certain that the disease must prove fatal without it; that Homœopathic remedies cannot relieve the symptoms;" under these restrictions the use of this apparently small but really formidable and difficult operation (*i. e.* difficult to succeed in) will be confined within very narrow limits indeed. And its success, if only performed where Homœopathic remedies had been correctly and unavailingly employed from the first, we think would be about ° per cent; for in cases in which the proper Homœopathic medicines have been found incapable of arresting the disease, or in which it is too late for them to do any good, we believe no surgeon would see any chance of success in operating. And most certainly Homœopathic medicines have again and again restored to health cases of croup already so far advanced, and so desperate, that no surgeon could expect the patient to survive the operation.

New Remedies, their pathogenetic effects and therapeutical application in Homœopathic practice. By E. M. Hale, M.D., Part I.

This is a second edition, enlarged, and published in parts, of the work known as "Hale's New Remedies." In it are collected all the provings of these new and mostly indigenous remedies, together with such clinical notices of them as can be found scattered through the pages of the Allopathic, Eclectic and Homœopathic periodical literature. In so far as this work may serve to draw attention to these remedies, some of which are valuable, and so promote their being fully proved, it will perform a most important use. But we cannot but regard the use of remedies from merely clinical or conjectural indications as a pernicious practice, at once opposed to the best success of homœopathy and of the homœopathic physician.

North American Journal of Homœopathy.

The United States Medical and Surgical Journal.

Appetite and Thirst.

. Through the course of the proving the appetite was very variable; at one time it would be excellent and at another entirely wanting. Sometimes there would be an excellent appetite until sitting down to eat, when, at the sight of food, it would vanish.

. Frequently there was want of appetite with disgust at seeing food.

175. The smell of food while cooking would sometimes entirely remove the appetite.

. Desire for acids and things sour; this desire was not very great, but was more than he had ever had before.

. During the proving there was great thirst for water, of which he drank large quantities.

. The thirst was principally in the evening.

. Occasionally there was thirst for sour or acid drinks.

Gastric Symptoms and Stomach.

180. Nausea. X. (2). (a. 23 h.)

. Nausea, with suffocation about the heart and dizziness. X. (2). (a. 25 h.)

. Slight nausea. (2).

. Weak, empty feeling at the stomach, with slight sensation of nausea. (2). (a. 2½ h.)

. Nausea. (1).

185. Strong inclination to vomit. X. (3). (a. 45 h.)

. While at dinner had an inclination to vomit, and was obliged to cease eating. X. (3). (a. 66½ h.)

. Inclination to vomit, with dull, dizzy pains over the top of the head, following immediately after a slight pain at the heart. X. (3). (a. 93½ h.)

. Nausea, with sensation of disgust at the sight of food, (before supper.) X. (3).

. Sudden, sharp, momentary pain in the stomach, as if a knife were driven in. X. (2).

190. Burning at the stomach, with pain as if from a blow. R. (5). (1st d.)

. Steady, sharp pain in the stomach, with hardness of the stomach and abdomen; the pain is increased by pressure. (2).

. Dull, constrictive pains in the stomach, followed shortly after by aching pains in the right arm and shoulder. X. (2). (a. 81 h.)

. Burning at the stomach, with pain as if from a blow. R. (2). (2d d.)
. Bruised, burning pain at the stomach, more severe than any preceding it. R. (2). (4th d.)
195. Several short, rather burning pains in the left side of the stomach. X. (3). (20th d.)
. Sharp, cutting pain in the stomach, with nausea and inclination to vomit; in the morning when awaking, and lasting all day. R. (12).
. Rather severe cramps in the stomach, followed immediately by a pain in the right side of the back. X. (3).
. Slight pain in the left side of the stomach. X. (3). (23d d.)

Abdomen and Stool.

. Hardness of the abdomen. (2).
200. Copious, soft, dark-brown stool, with burning and stinging at the anus. (1).
. Feeling in the abdomen as if a diarrhœa would come on. (2).
. Severe colic pain in the abdomen. (2).
. Small, soft diarrhœic stool. (2).
. Severe cutting pains in the abdomen, followed by a small, soft diarrhœic stool, consisting of thin fæces and froth. (2).
205. Emission of exceedingly foul-smelling flatus, followed by immediate inclination to stool, which was small, thin, and very foul-smelling. (2).
. A nightly inclination to stool, (about ten, P. M.,) with small evacuation of fæces, and with which he has been troubled for months; has disappeared since proving the drug.
. Slight colic pain in the abdomen, with great discharge of flatus, on awaking in the morning. (3).
. Copious, soft, dark-brown stool, with soreness at the anus. (3).
. Cutting pain in the abdomen, with great discharge of flatus, followed by a small stool, consisting of hard, black fæces, with stinging and burning at the anus, (at night.)
210. The abdomen is hard, as if from incarcerated flatus. (1).
. Colic pain in the abdomen, with sensation as if an escape of flatus would relieve. (1).

. The nightly (natural) stool which he formerly had, has reappeared as a small stool, consisting of hard, black fæces, and with stinging and burning at the anus.

. Slight cutting pain in the abdomen, with inclination to stool, but with an evacuation only of wind. (Prot.)

. Slight cutting pain in the abdomen, followed immediately by a copious, soft, yellowish-brown stool, (the stools always follow immediately after the colic pains.) (Prot.)

215. Copious, very thin light-brown stool, accompanied by froth and wind, and preceded by cutting pains in the abdomen. (Prot.)

. Slight colic on awaking. (Prot.)

. After much exertion and straining, he passed two small lumps, (about the size of white beans,) which, on examination, proved to be hard, black fæces, covered with white and green mucus. (At night.) (2).

. Heat at the umbilicus, as if from a hot coal, worse when inspiring. (2). (17th d.)

. Rumbling in the abdomen, with escape of flatus, (at night while in bed.) (2).

220. Copious light-brown stool, consisting first of tolerably compact fæces, then of soft fæces, and finally of froth. (2).

. The burning at the umbilicus, as if from a hot coal, returned to-day for a short time. (18th d.)

. Small stool of very tough fæces, almost of the consistency of putty, requiring great straining for their evacuation. (4).

Hypochondria.

. Very sharp pain in the right side, under the floating ribs. X. (2).

. Slightly sharp pain in the right side, (hepatic region.) X. (2).

225. Aching pain in the right side, which proceeded to the left side, producing nausea and dizziness. X. (2).

. An excessively acute, stitching pain in the right side below the ribs; he could not speak without gasping, and had to stand with his hand pressed against his side, by which he obtained some relief. (2).

Very sharp pain in the left hypochondrium. X. (3).

. Two successive, sharp pains in the right hypochondrium, followed by a sharp pain through the stomach, with a sensation as if the pain had turned itself around. X. (3).
. Slight aching in the left hypochondrium. (2).
230. Pain in the left hypochondrium, with dizziness on awaking in the morning and lasting all day. R. (12).

Urinary Organs.

. During the entire proving the urine has been copious, and of a dark-red color.

Genital Organs.

. Occasional sharp, shooting stitches in the end of the penis, through the glans. (1).
. Copious seminal emission, preceded by lewd dreams.
. Dreams that he must urinate; this was followed by an emission.
235. Seminal emission, of which he knew nothing until morning. (2).

Neck.

. Steady, sharp pain in the right side of the neck, extending over the right side of the head. (2). (a. 2 h.)
. Burning heat in the nape of the neck and occiput. (1). (a. $5\frac{3}{4}$ h.)
. Stiffness of the neck. (3).
. Stiffness and soreness of the neck, he cannot turn his head without pain. (3). (6th d.)
240. Soreness, with sensation of stiffness (but without stiffness) in the right side of the neck, followed by a slight pain in the internal meatus of the right ear, going through into the throat, and causing dullness in the ear and sensation of swelling in the throat, with disposition to swallow frequently. (2).
. Severe burning in the right side of the neck, as if a coal of fire were laid upon it, continuing, but not so severely, for a few minutes. X. (3).
. Numbness of the occiput and nape of the neck, with stiffness of the neck. (4).
. Stiffness of the entire neck, with pain when turning the head. (4). (23d d.)
. Slight, sharp pain in the left side of the neck. X. (3).
245. Great soreness and stiffness of the neck, with soreness and numbness of the back between the scapula. (6).

Chest.

. Sharp pain in the chest behind the sternum. X. (2). (a. 45 h.)
. Stitches in the right side of the chest. X. (2). (a. 15 h.)
. Stitch in the left side of the chest. X. (2). (a. 36 h.)
. Rheumatic pain in the right side of the chest. X. (2). (a. 17 h.)
250. Short, sharp pain in the right side; a few minutes after the same pain appeared farther back, (under the arm,) with aching in the right side of the chest. X. (2).
. Soreness in the chest, as if from a cold, (immediately following the last symptom. X. (2).
. Sudden darting through the right side, as if from a sword. R.
. Sharp, quick, momentary pain in the upper portion of the right chest. Bl. (2).
. Sharp, momentary pain in the left chest, as if from a sword point. Bl. (2).
255. Several sharp pains in the right chest, from above downward. Bl. (1).
. Sharp stitches, as if from needles, in the left side of the chest, produced by pressure on the stomach. (2).
. Dull, boring pain in the right side of the chest, (at the sixth rib.) (3).
. Sharp pain in the left side of the chest. X. (2).
. Aching pain in the right side of the chest. X. (3).
260. Sharp, throbbing pain in the left side of the chest. X. (3.)
. Sharp pain in the right side of the chest, followed by a slightly sharp pain in the left side. X. (3).
. Sharp pain in the left side of the chest. X. (2).
. Pain in the right side of the chest. X. (3).
. Throbbing pain in the chest behind the sternum. R. (12).
265. Several successive, violent pains in the chest. X. (3). (a. $2\frac{1}{2}$ d.)
. Oppressed feeling in the chest. (4).
. Sharp pains in the left side below the axilla, followed by a dull pain on the top of the head. X. (3).
. Dull, continuous pains in the right side of the chest, at night while in bed. X. (3).
. Slight hacking cough when inspiring. (4).

Back.

270. Throbbing pain between the shoulders. X. (2).
. Sharp pain in the back, (lumbar region.) X. (2).
. Excruciatingly sharp, sticking pain in the back, (dorsal region,) causing her to shed tears, and lasting about half an hour. R. (12). (7th d.)
. Sharp, cutting pain in the back, between the shoulders; two hours after the same pain appeared lower down, (about the last dorsal vertebra.) X. (3). (a. 2¼ d.)
. Aching pain in the back. X. (3). (a. 3⅓ d.)
275. Dull pain over the left scapula. (1).
. Very severe pain, as if bruised, over the entire scapular region. (1).
. Sharp, sudden pain in the left shoulder-blade. X. (2).
. Sharp pain in the small of the back. X. (3).
. Sharp, sticking pain the back returned to-day, but not so severe as before. R. (12). (8th d.)
280. Sharp, cutting pains in the left shoulder-blade, continuing, at intervals, for three hours and a half, and relieved only by motion. Bl. (1).
. Sharp, sticking pain in the back, (dorsal region.) (3).
. Several violent pains in the back. X. (3). (a. 2¼ d.)
. Sharp pain in the left scapula. X. (3). (a. 21 h.)
. Throbbing pain on the right scapula. (6).

Heart.

285. Slight stitching pain at the heart X. (2). (a. 24 h.)
. Sudden, spasmodic action of the heart, (she thought it had jumped out of its place). X. (3).
. Sharp pain about the heart. X. (3). (a. 3 d.)
. Sudden but lasting pain in the left side, about the heart, taking away her breath. X. (2).
. Rather sharp pain at the heart. X. (3).
290. Slight pain in the heart when yawning. X. (3).

Shoulders and Upper Limbs.

. Dull, lasting pain in the right forearm and simultaneously in the left hip. X. (2).
. Slight aching pain in the right elbow. W. (2).
. Slight numbness and wearied feeling in the right arm, *aggravated by writing.* (While other motion but very rarely produced or aggravated this symptom, it constantly appeared as soon as I began to write, and disappeared when I had finished).

. Lameness and stiffness of the right shoulder. (2).
295. Dull pain in the palm of the left hand, with numbness of the fingers and inability to grasp objects (at night while in bed). (2).
. Pain and soreness of the left arm and elbow in the evening, at night and in the morning on awaking. (2).
. Laming, rheumatic pain in the right arm, aggravated by writing. (2).
. Sharp, stabbing pain in the bend of the right elbow. (3).
. Severe, dull pain in the right arm (deep in the bones), aggravated by writing. (3).
300. Continual dull pain in the bend of the right elbow. (1.)
. Soreness and lameness of the left shoulder and arm every night when lying on his left side. (Previous to proving the drug he always lay on his left side and without inconvenience, now he must frequently lie on his right side.)
. The entire right arm is very sore and painful; worse from pressure, rubbing and passive motion. (1).
. The right arm, especially in the bend of the elbow, is very painful on rising in the morning; worse from passive motion. (1).
. Dull, aching pains in both forearms. X. (3). (a. 75 h.)
305. Rather sharp pain in the palmar surface of the right thumb, with slight pain on the top of the head. X. (3). (a. 75 h.)
. Sharp pain in the right shoulder, with aching pain in the back. X. (3).
. Sharp pain in the right shoulder. X. (3). (a. 45 h.)
. Dull aching in the left elbow. X. (3). (a. 65½ h.)
. Pain in the left arm above the elbow. X. (3). (a. 89 h.)
310. Pain on the back of the right hand. X. (3). (a. 91 h).
. Pain in the right arm and sole of the right foot. X. (3). (a. 92 h.)
. Pinching pain in the right elbow, lasting a few minutes. W. (2).
. Sharp, pricking pain back of the right shoulder. (1).
. Weak, numb feeling, with cramp-like pains of the right hand. (Prot.)
315. Dull, heavy feeling in the entire right arm. (Prot.)
. Two painful pimples appear on the second joint of the right thumb and remain several days. (Prot.)
. Throbbing pain at the base of the left thumb (palmar surface), with paralysed feeling of the thumb. (2).

. Lame numbness of the left shoulder and entire left arm. (2).
. Rheumatic pain in the right hand, at night, in bed. X. (3).
320. Rather sharp pain in the palm of the right hand. X. (3).
. Pain in the right hand, followed by a rheumatic pain above the left elbow. X. (3). (a. 3¼ d.)
. The right arm is lame and tired after writing. (2).
. Sharp pain in the left wrist, extending (but more severe) into the thumb, followed immediately by a sharp, intermittent pain on the dorsum of the left foot, extending into the third and fourth toes. (2).
. Dull, laming pain of the left forearm and hand. (2).
325. Sharp, throbbing, sticking pain at the base of the left fore-finger, with lameness and stiffness of the whole finger. (2).
. Throbbing pain in the palm of the left hand, extending up the left arm into the left chest. (2).
. Sharp, aching pain in the radial side of the right wrist, aggravated by using the limb or by twisting the wrist, on awaking in the morning, and continuing all day. (2).
. Severe pain in the right shoulder, obliging him to cease writing. (4).
. Sharp prickings, as if from needles, appear simultaneously in the first joints of the third and fourth fingers of both hands, with stiffness of the fingers; the pricking are aggravated by moving or bending the fingers. (4).
330. Sharp pain in the right axilla. (4).
. Sharp, boring in the right arm, above the elbow. (4).
. Pain and numbness of the right arm, with lameness of the right elbow. (4).
. Pain in the left arm (rheumatic), below the elbow, proceeding afterward into the left thumb. X. (3).
. Several sharp pains in the left fore-finger. X. (3).
335. Numbness of the fingers of both hands. (6).

Lower Limbs.

. Four successive pains on the left leg, above the ankle, at intervals of fifteen minutes. X. (2). (a. 1 h.)
. Pain on the anterior surface of the right leg, above the ankle. X.

. Dull pain on the posterior surface of both ankles in the morning on rising. R. (2).
. Sharp, cutting pain in the small toe of the left foot, continuing over twelve hours. R. (2).
340. While in bed at night, a dull, persistent, boring pain in the left side of the sole of the left foot. Bl. (2). (1st d.)
. While in bed at night, a severe, wearying pain in the anterior and external surfaces of the left thigh (deep in the bone), with dull pain in the sacral region; the pain lasted a night and a day, and was relieved by motion, stretching, and turning from side to side. Bl. (1).
. Pressing, squeezing pain in the right ankle. W. (5).
. Pressing, squeezing pain in the left knee. W. (5).
. Tearing pain along the anterior surface of the right thigh and leg, from the hip to the middle third of the leg, relieved by pressure and motion; worse when at rest. (2). (a. ½ h.)
345. Passive motion causes a tingling through the entire right lower limb, even to the toes.
. Pain in the thigh much worse. (a. 2d dose). (2).
. The pain in the thigh left after lasting three hours, but was reproduced by shaking the limb, and was then accompanied by tingling in the right and left legs, feet and toes, as if they were going to sleep.
. Weariness of the lower limbs, with dull pains and tingling. (2). (a. 3 h.)
. Pain in the right thigh much worse. (a. 4th d.)
350. The pain is dull and the thigh feels as if it had been beaten. (2).
. Aching pain in the right hip joint. (2).
. Deep, throbbing pain on the external surface of the right leg, apparently in the tibia. (2).
. Cramp-like pain in the left side of the sole of the left foot, with numbness of the left leg. (2).
. Heavy, laming pains in the calves of both legs, with pain in the left knee joint. (2).
355. Deep, boring pain on the external surface of the left thigh, apparently in the femur; the pain is confined to a small spot, is painful and very persistent. (2).
. The boring pain in the thigh has been very severe and continuous all day.
. Sharp, boring pain on the anterior surface of the left ankle. (3).

. Slight, lasting pain in the sole of the left foot, followed by a sharp pain in the left chest. X. (3). (a. 56 h.)
. Slightly sharp pain in the right thigh above the knee. X. (3).
360. Pain in the sole of the left foot (causing faintness), with feeling of faintness through the whole body. X. (3). (a. 99 h.)
. Pain in the sole of the left foot. X. (3). (a. 5 d.)
. Pain in the large toe of the left foot. X. (3).
. Short, sharp pains in the fourth and fifth toes of the right foot. X. (3).
. Slightly sharp pain in the large toe of the right foot. X. (3).
365. Itching on the sole of the left foot. X. (3).
. Pain in the left side of the sole of the left foot; not so severe as before. Bl. (1). (6th d.)
. Pinching pain on the posterior surface of the lower third of the right leg. W. (12).
. Pinching pain in the right knee, lasting a day and a night, followed shortly after by a pain of the same character in the right elbow. W. (12).
. Sharp, cutting pain in the right ankle. W. (2). (a. $\frac{1}{4}$ h.)
370. The small, painful spot on the external surface of the right leg returned after four days. (3).
. Sharp pain in the right thigh. X. (3). (a. $1\frac{1}{2}$ h.)
. Rather sharp pain in the right lower limb, extending into the foot. X. (3). (a. $3\frac{1}{2}$ d.)
. Pain in the sole of the left foot, extending through into the large toe and proceeding half way across the dorsum of the foot. X. (3). (a. $4\frac{1}{4}$ d.)
. Pain on the dorsum of the large toe of the left foot, with sharp pains in the fingers of the right hand. X. (3).
375. Severe laming pains on the posterior surfaces of both ankles, on awaking in the morning. (2).
. Severe aching in the right leg on the posterior surface, immediately followed by a pinching pain on the posterior surface of the right forearm. W. (2).
. Aching on the internal surface of the left leg above the ankle, lasting about an hour, followed by aching in the forehead. W. (2).
Aching on the dorsum of the right foot. W. (2).
Sharp stinging on the dorsum of the large toe of the left foot. (4).

380. Pain in the large toe of the left foot, with itching on the large toes of both feet. X. (3).
. Sharp pain in the left leg, between the foot and knee. X. (3).
. Aching pain on the anterior surface of the left leg. W. (2).
. Sharp pain on the sole of the left foot. W. (9).
. Sharp pain in the right thigh, followed shortly after by a slight pain in the nose. X. (3).
385. Throbbing pain on the internal surface of the right knee the whole evening. (6).

The whole Body.

. Tired, wearied feelings in all the limbs.
. Heaviness of the limbs, with laziness and drowsiness.
. Excessively tired feeling of the whole body, *especially of the limbs*, with indisposition to do any thing, and desire to lie down, with dull aching in the forehead and bones of the face.
. He feels languid and sleepy.
390. *Bone pains;* the pains are generally felt deep in the bones.
. *Very troublesome itching over the whole body.*
. Excessively tired feeling of the whole body after sitting for several hours.
. Wearied feeling of all the limbs.
. The pains are steady, dull, throbbing and boring; also, sudden, sharp, stinging and pricking.
395. The stools which occur in the day-time are *copious, soft* and *of a dark or light yellowish-brown color.*
. The stools at night are *scanty, hard* and *black.*
. While in church she felt as if she would faint. X.
. Severe stitching pain immediately at the umbilicus, with dull, tired feeling in the small of the back, oppression of the chest, dull pain above the right temple, and pain in the right shoulder; worse when using the arm, immediately after lying down at night.
. *Persistent itching spots* over the whole body, following each other in rapid succession.
400. Slight sticking pains in both scapula, in the right temple, in the right side of the chest, in the left ear, along the outer borders of both hands and both little fingers, within a few minutes after taking the medicine. (4).

. Excessively tired feeling of all the limbs, especially when lying on the left side, relieved by lying on the right side. (4).
. Faintness, with feeling that it would be relieved by lying down. X. (3).
. The following symptoms appeared in rapid succession at night:—Pain behind the left ear, followed by a pain in the tips of the fingers of the right hand and a pain on the sole of the right foot near the toes:
. Slight pains in the toes of the left foot, followed by a pain in the back part of the head, then in the forehead, and finally, near the right ear:
405. Sharp pain in the toes of the right foot:
. Slight pain about the heart:
. Violent pain in the right side of the head:
. Pain in the heel of the right foot, followed by a pain above the right temple, and afterwards by a sharp pain in the left side of the neck. X. (3).

Sleep.

. Frightful dreams of coffins and of drowning. X. (2).
410. Slept well. R.
. Slept well after one, A. M.; up to that time he had been kept awake by fancies which he could not dispel from his mind. Bl. (1st night).
. Slept well last night. Bl. (2d night).
. Wakefulness until one, A. M. (2).
. Sleeplessness without restlessness; he lies awake, quiet and calm, not being able to sleep. (2).
415. Slept very well after one, A. M. (2).
. At four, P. M., he had to lie down (from great weariness); disposition to sleep, with sleeplessness; he felt better after lying down a short time. (1).
. He awakens early in the morning and cannot sleep again. (3).
. Frightful dreams and nightmare. X. (3).
. Nightmare; she thought that an immense sheet of letter-paper was coming down over her to smother her. X. (3).
420. He dreamed that he was proving the drug, (this was followed by a seminal emission). (2).

Skin.

. Stinging itching on the left scapula, as if jagged with a needle. (2). (a.6 h.)

. Persistent itching on the posterior surface of the left elbow (at night). (2).
. Itching on various parts of the body. (2).
. Fine, prickling itching on various parts of the body. (2).
425. Fine, pricking pain in the bend of the left knee-joint, causing him to scratch (at night). (2).
. Pricking pain on the posterior surface of the right thigh, removed by rubbing and scratching. (2).
. Persistent itching on the right side of the chest (about the fifth rib); disappears, for a short time, after scatching. (2).
. Very troublesome itching all over the body (in the day time). (3).
. The chest, stomach and abdomen are covered with a fine, bright-red eruption (consisting of innumerable points but appearing as a universal redness), pitting and disappearing after pressure, but returning when it has been removed. (3).
430. Very troublesome itching all over the body (at night). (3).
. Sharp stinging on the back of the right hand. (3).
. Itching of the scalp. (3).
. Excessive itching, especially of the chest, abdomen, back and hips. (3).
. Universal itching, not relieved by scratching. (3).
435. Itching without an eruption. (3).
. Nightly itching. (3).
. Itching, rather increased by scratching. (3).
. Prickling itching in the right axilla. (2).
. The following symptoms appeared at night while in bed:—Stinging itching on the external border of the right foot, relieved for a time by scratching, followed by itching on the right leg, above the ankle; stinging itching on the right knee and afterwards on the left foot:
440. Persistent itching on the top of the head:
. Itching on various parts of the right side of the face:
. Itching on the left side of the vertex:
. Persistent itching on the right side of the neck:
. Itching behind the right ear:
445. Itching on the right buttock:
. An itching and burning pimple on the right scapula, near the lower border, which, after scratching, becomes exceeding sore and painful. (2).

Fever.

. Occasional general chilliness. X. (2).
. Chills, with trembling all over the body. X. (3). (a. 3¼ d.)
. Pulse weak, irregular and laboring, about eighty per minute.

Sides.

450. Dull, lasting pain in the right forearm and left hip. X.
. Aching pain in the region of the liver; the pain proceeded from the *right side to the left*, producing dizziness and nausea. X.
. The headache is always on the *top of the head*, or on the *right* side. X.
. The pains are felt more on the *right* side. X.
. The pains are generally felt on the *right* side. Bl.
455. The greater part of his symptoms appear on the *right* side. W.
. The pains in the head, body and extremities occur oftener and *more severely* on the right side.
. Many pains appear on the left side, but they are less severe and lasting.
. The severe, *lasting pains* in the head occur on the *right* side.
. When lying on his left side black clouds float before the eyes; this never occurs when lying on the right side.
460. The pains which he has at night while lying on his left side, are relieved by lying on the right side.
. Dull pain in the left malar and right orbital bones.
. The pains proceed from *right* to *left*.
. Headache, as if a sword had entered the left temple, proceeding thence to the right temple. R.
. Dull pain above the left temple, followed by a beating, throbbing pain in the right temple. R.
465. Except the above symptoms, all the pains proceeded from right to left.
. He had several times a sharp pain in the right side of the chest, from above downward. Bl.
. Sharp pain in the right side of the chest, followed by a slightly sharp pain in the left side. X.
. Slight, lasting pain in the sole of the left foot, followed by a sharp pain in the left chest. X.

. Pinching pain in the right knee, followed by a pain of the same character in the right elbow. W.

470. The pains in the chest appear on the left side; those which appear on the right side always proceed to the left. X.

. Pain on the dorsum of the large toe of the left foot, with sharp pains in the fingers of the right hand. X.

Times of Day.

. She is worse in the morning after rising and during the forenoon. X.

. She is worse from the time she awakens until noon. R.

. Aggravation in the evening and at night while in bed. Bl.

475. The symptoms are worse in the evening, at night until one, A. M., in the morning before rising, and for a short time after rising.

. He is worse after dinner until four, P. M.

. Better after rising until noon, and from four until six, P. M.

. In the morning *thin, light colored stool.*

. At night *hard, black stool.*

480. Dull headache, with soreness of the bones of the face *all the time.*

. The itching is worse *at night,* and especially *while in bed.*

. Many symptoms appear at night while in bed.

. From noon until four, P. M., he feels depressed; from four until six, P. M., he is lively and cheerful; from six, P. M., until morning, all the symptoms are aggravated.

. The headache is worse in the morning before rising, and for a short time after rising. X.

485. When he awakens at night he always has a dull headache.

. When he awakens in the morning he has a dull headache, which continues until he exercises, after which it passes off.

Touch and Motion.

. Steady pressure sometimes relieves the pains.

. The pains in the head and face are relieved *during* pressure, but are worse *after* the pressure has been removed.

. Touching the *right* ear or introducing the finger, causes a sore pain in the ear, and also aggravates the headache *on that side.*

490. The eruption disappears during pressure, but gradually returns after the pressure is removed.

. The pains are better during pressure, but as soon as the pressure is removed the relief passes away. X.

. The headache is worse when she walks about, (in the house.) X.

. Moving the foot relieved the pain in the sole of the foot. X.

. The itching in the day time and evening is not relieved by scratching; at night, *in bed,* scratching relieves.

495. The pains in the right shoulder, arm and hand are reproduced, *and always aggravated* by writing.

. *Active motion* (walking or riding) *always relieves.*

. *Passive motion* (moving the part while sitting or lying) *always aggravates;* passive motion renders the pains more perceptible, and reproduces symptoms which had disappeared.

. *Always better when exercising.*

. *All the symptoms are worse during rest.*

500. A severe pain in the femur and sacral region was relieved *only* by motion, stretching and turning from side to side. Bl.

. A state of rest seems to favor the action of this remedy, as the symptoms appear during rest and at night, and are *worse during rest,* whereas they are ameliorated and leave during active motion.

Warm and Cold Air.

. Dull headache, with dullness of the head, in a warm room.

. All his symptoms leave him when in the open air.

. However badly he feels, the open air will dissipate all his unpleasant symptoms.

505. While in the open air he always feels cheerful; in a warm room he is generally dull and depressed.

. All her symptoms are worse in the house; her symptoms leave her when she goes into the open air. X.

. While in the open air she has no unpleasant symptoms.

End of the Proving.

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HYSTERIA.

From Obstetrics and Diseases of Women and Children.

(NOW IN PRESS.)

BY H. N. GUERNSEY, M.D.

Hysteria is a purely nervous affection, which may arise and continue without any functional or organic derangement of the female sexual system on which it is based; and which does not necessarily produce such derangement or disorganization. Hysteria bears the same general relation to the nervous apparatus of the reproductive system, that chlorosis does to that of nutrition; and has no more exclusive connection with the uterus or other particular sexual organ, than chlorosis has with the stomach or other particular digestive organ.

As a purely nervous affection not necessarily painful, Hysteria must be distinguished from irritable uterus on the one side, and from hysteralgia on the other. In irritable uterus, although there is neither disorganization, nor structural change,—except perhaps that of displacement, which is the most frequent cause of the irritability itself,—the uterus is excessively sensitive to pressure or even to the touch;—which is not necessarily the case in Hysteria. In hysteralgia

the pain,—sometimes mild, lingering, worrying, and sometimes violent, severe and acute,—is always positive and decided.

But in the location of the disease itself may be found another important distinction between Hysteria and the somewhat analogous forms of uterine disease with which it is so apt to be confounded. In irritable uterus and in hysteralgia, from whatever cause these disorders arise, their actual location, principal seat and ultimate development appear to be in the uterus itself. This, however, is not the case with Hysteria. The uterus indeed has usually been considered the seat of Hysteria, hence the name; but the *ovaries, as the head-centre of the sexual system*, must now be regarded as the real *fons et origo*, the fountain head of all hysterical affections. Thus pressure upon the ovaries will invariably bring on hysterical attacks in persons predisposed or subject to the disorder. Hysteria extends its influence over the entire sexual apparatus; from its profound connection with the sympathetic system, may extend its influence to all the involuntary organs, and by its final extension to the cerebro-spinal nervous system, may involve also all the voluntary muscles; but its original seat and constant source, must be found in the ovaries. Hysteria is as truly and as exclusively due to irritability of the ovaries, as irritable uterus and hysteralgia are to a similar condition of the uterus.

Hysteria again has been found to co-exist with the most perfect performance of all the functions of the uterus and its dependent organs, such as menstruation, conception, utero-gestation, parturition and lactation,—although this is perhaps true rather of the milder than of the severer forms of this disorder. Still as not necessarily disturbing the functions, still less involving the structure of the sexual organs, and as not being invariably painful, Hysteria establishes its claim to be regarded as a purely nervous affection, capable of being distinguished from irritable uterus and from hysteralgia, both of which are also nervous affections, although of quite another sort. This distinction will appear more strongly

marked, when we come to notice the differences in the nervous systems principally involved. And this definition of Hysteria is still further strengthened by the well-known influence of imagination and sympathy in extending this disorder from one person to others; as in the hospitals, where many are simultaneously and sympathetically affected from seeing a single one attacked by hysterical convulsions. And it is still more fully confirmed by the powerful influence of fear in preventing and allaying such convulsions. In this respect, as well as in some others, Hysteria bears a very remarkable resemblance to epilepsy.

The *neuralgic* and the *convulsive* forms constitute two distinct varieties of Hysteria; but this distinction, although sufficiently well marked, is one of degree rather than of kind. In what is termed the neuralgic form of Hysteria, the symptoms "are merely manifestations of nervous susceptibility." While in the convulsive form, they are more intense, permanent, regular and periodic. And the principal apparent distinction between this latter condition of periodic menstrual convulsions and that which presents in uterine epilepsy, is to be found in the loss of consciousness which manifests itself in the latter form of disease, but not in the former.

A corresponding distinction may be seen in the nervous centres involved in Hysteria. For in the milder, so-called neuralgic form of the disease, *which yet may be of hereditary origin*, the ganglionic or sympathetic nervous system seems principally concerned. While in the severer or convulsive forms of Hysteria, the original, predisposing, hereditary influence is, by provoking causes, extended to a full development in the cerebro-spinal nervous centre. In this case then we find the discordant influence extending itself to the muscular apparatus; and in consequence we have occasional spasms, or regular and periodically recurring convulsions. And it will be observed that these spasms first appear in those parts of the body and muscular tissues, which are in

immediate relation with the abdominal, the cœliac and the thoracic ganglia.

From these remarks it may be concluded that Hysteria is a purely nervous affection; which, being to a great extent hereditary in its origin, finds its primary seat in the ganglionic or sympathetic nervous centre; which finds its secondary and ultimate development in the cerebro-spinal nervous system; which in this extended development occupies the *motor* rather than the *sensory* nerve filaments; and which thus finally results in spasmodic contractions rather than in poignant sensations. And here is to be found perhaps the last, most important and reliable distinction between Hysteria and hysteralgia. In their constitutional origin, in their primary ganglionic seat of development, and in the provoking causes of their extension to the cerebro-spinal sphere, they may show but little difference; but here they diverge,—for where Hysteria seizes upon the *motor filaments* of the nerves and so leads to convulsions,—hysteralgia involves the *sensory filaments* and occasions the intense pain which characterizes this affection. This distinction is exactly the same as that between asthma and angina-pectoris, the former affecting the motor nerves, and the latter the sensory nerves of the chest; so that in asthma we have severe constriction, with little if any other pain,—while in angina-pectoris we find the most poignant distress, but no constriction.

Hysteria thus becomes an affection principally (although not exclusively) of the female system, which, constitutional in its origin and so underlying the organic nervous system, is also capable of extending itself over the entire nervous organization, and of simulating almost every form of disease, with the single exception, perhaps, of acceleration of the circulation. For some of these states of hysterical excitement can hardly be distinguished from inflammatory fever, except by ascertaining that the rapidity of the pulse does not correspond with the other apparently febrile symptoms.

To attempt to enumerate all the legions of symptoms which may appear in hysterical cases, would be a hopeless task.

Hence our description of this multiform affection must be confined to the statement of the more prominent symptoms only, and to a general division and classification of those which make up the principal forms of the disease.

And the first and most general division of the symptoms of Hysteria, will be into those which belong to the *mental* and *moral sphere*, and into those which are purely *physical sensations*. And in each of these two divisions there will be found the same variety and even diversity of conditions. Thus among the moral symptoms there may be great depression of spirits with involuntary tears, or equally great exaltation of spirits and meaningless laughter; in these cases the exaltation and the depression being alike incapable of being attributed to any apparent cause. There may be sudden changes and even frequent alternations from one extreme to the other; and always an uncertainty, and want of fixedness and even positive mobility of character. And these revulsions are not confined to the individual states of joy and sorrow in the persons affected, they extend also to their affections towards the members of their families and towards others. And in addition to those changes which arise from no perceptible cause, there is a remarkable susceptibility to impressions, many of which, although in reality of the most trifling nature, appear to exert a fixed and powerful influence. Other, no less remarkable changes, in feeling and in affection, arise from purely imaginary causes. Thus in hysterical persons, it is not uncommon to see personal dislike unaccountably take the place of previous affection; and the most violent and furious paroxysms of jealousy arise from the influence of imaginary and baseless suppositions. As in the personal condition of the hysterical females, there may be alternations of gaiety and of gloom, of frolicksome levity and of melancholy seriousness,—so in her relations to others, and if married to her husband especially, she will at one time be full of affection and devotion, while at others, sentiments of aversion and positive dislike obtain the entire sway. One day, she will express herself as the happiest of wives and

assure her friends that her husband is as good as he can be; the next she pours into the gaping ears of all the gossips her peculiar condition gathers around her, long tales of suffering, neglect and abuse, and represents the man, who has the misfortune to be her husband, as the most detestable monster. This form of Hysteria is a real monomania, with lucid intervals,—but which may become a fixed insanity, in relation to the married state, and so not only destroy domestic peace, harmony and affection, but even break up the family.

But Hysteria in all its most aggravated moral forms is distinguished from insanity, by the fact that the personal consciousness is never lost sight of. There is always a sort of alienation of the personality in cases of insanity, a forgetfulness of self,—which never appears in hysterical cases. In these latter, on the contrary, there is the most remarkable and persistent prominence of the *self-love.* Egotism, especially in married females as opposed to their husbands,—is the most prominent and the only constant moral symptom of Hysteria. Such persons entertain their hearers with marvelous tales of the greatness and exploits of their past lives, and of the richness and abundance of their possessions,—of the number of their friends and of the distinguished consideration they have always received in society in their former places of residence. Such marvelous accounts are uttered with an air of sincerity well calculated to deceive the honest listener; and such unbridled license of the imagination and total obliviousness in regard to the truth, which are vulgarly attributed to entire want of principle and the most inordinate vanity, are in reality due to that morbid condition of the female organism which is designated by the comprehensive term Hysteria; a condition which, if it were properly understood, would prove far less mischievous in society, and less frequently destroy the family tie.

The second part of our division of the symptoms of Hysteria, includes all those which have relation to the physical system. These physical symptoms may be again divided into the *sensational* and the *convulsive.* Among the former

may be ranked all those various uneasy sensations which appear at different times in different parts of the body,--as in the abdomen, in the pit of the stomach and in the throat,—sensations which are not very positively painful, but which are for that reason perhaps, all the more distressingly annoying; and which in the most aggravated forms become developed into actual spasmodic contractions in those parts. These sensations do not appear to exert any direct influence upon the organic functions,—still they are attended with disturbances of the appetite, indigestion and general languor and debility, which are no doubt the consequences of the nervous derangement. These sensations are innumerable, variable or fixed, and either constant or excited by the slightest influence and even by the least touch.

As there is a constant indecision, want of fixedness, or persistence in the mental sphere,—rendering the mind liable to be swayed by the slightest breath of external influence,—so in the physical system there is a corresponding want of permanency in the animal spirits. The same mobility that appears in the mental and moral states, and in the affectional relations towards others, appears in a corresponding degree in all the bodily conditions. And as the merest fancy will often bring on a paroxysm of jealousy in hysterical women, so the slightest direct touch, or the reflex influence from ordinary functional action, may give rise to a long train of hysterical sensations, or even occasion the most determined convulsions. This remarkable sensitiveness of the physical system to external impressions, and no less remarkably *increased reflex excitability*, form the chief characteristics of the first or sensational variety of the physical symptoms of Hysteria.

The *convulsive* symptoms of Hysteria begin in the hypogastric region and gradually pass up the abdomen like the ripple of a wave, through the chest to the larynx and phayrnx. First comes on a strange sensation, as of pain, in the hypogastric and ovarian regions, followed by suffocative feelings in the pit of the stomach, and then by the

globus hystericus, which is characteristic of the complete hysterical passion. These form the precursory symptoms of the true hysterical convulsions, and are analogous to the *aura* which precedes the accession of an epileptic attack. And from appearing at the first in this mild form of semi-spasmodic contractions, these attacks may momentarily or hourly increase in severity, till trismus, or lockjaw, supervene. And as the hysterical attack, in its successive forms of development, involves the different nervous branches and ganglionic centres, corresponding symptoms appear. Thus from the disturbance of the nerves of the pharynx, there results dysphagia, globus hystericus;—from the larynx, an affection,—with the most imminent danger of suffocation,—not to be distinguished from croup, except that there is no false membrane and that *Nux vomica* rather than *Aconite* or *Spongia* may prove curative;—from the bronchia, dyspnœa and cough;—from the heart, attacks of palpitation, irregular beating, and sense of anxiety;—from the stomach, hiccough, retching and vomiting;—from the bladder, ischuria or dysuria. And finally, as the paroxysms extend through the voluntary and involuntary muscles, there are developed tonic and clonic spasms of every kind and degree of violence, from mere tremor or nervous quivering to the most convulsive movements and contortions. "The masticatory and histrionic muscles of the face take part; trismus, chattering of the teeth as in the rigor of fever, the sardonic laugh, and a rolling of the eye-balls upwards occur. After a duration varying from ten minutes to several hours, the paroxysm often terminates suddenly with a flow of tears or a copious discharge of urine; but not unfrequently it passes off gradually."*

The globus hystericus, which has already been mentioned, merits a fuller description, since it forms one of the most characteristic symptoms of the invasion of the hysterical paroxysm. It consists in an obscure sensation, as of a

* Romberg, Diseases of the Nervous System.

globular body, which gradually ascends from the pelvic cavity, or at least from the hypogastrium, to the throat, where it seems to be arrested, and to produce a most painful sense of constriction and suffocation. This causes a peculiar choking sensation, which may be attended with sobbing. It is not confined to women, but may sometimes appear in those of the opposite sex, especially in young persons about the age of puberty, whose naturally delicate and sensitive temperament is agitated in a particular manner. Globus hystericus may arise from mentally or morally caused interruption of the delicate currents of the nervous fluids; and may, particularly in males, be at once removed by such relief and revulsion of these feelings as will again permit the free and unrestrained flow of these most interior and subtle fluids, of which we know but little more as yet than their hypothetical existence.

The *causes of Hysteria* are as various as they are numerous. No doubt very many cases of this disorder, especially of the convulsive form and most obstinate kind, are originated and maintained by displacements, functional derangements or structural disorganizations of the uterus or other parts of the sexual system. But as in these instances the hysterical affections are but the consequences or attendant symptoms of other and primary disorders, we do not consider them in this place. They require to be studied in connection with all the accompanying and causative conditions. But in all cases in which hysterical symptoms appear as part of the *tout ensemble* of the disease, the remedies advised, in the present chapter for Hysteria itself, should be carefully compared; since these various nervous, mental and moral states should always be covered by the medicine to be administered.

To *hereditary predisposition* we may assign then the first place among the causes of idiopathic hysteria. This may exist in the form of (otherwise) latent psora which thus irritates the organic or sympathetic nervous system in its relation to the sexual system. And the connection of the

hysterical affection with such constitutional psora may be traced in the eruptions known to have appeared in the parents,—or which may have been temporarily manifested in the hysterical patient herself. "A predisposition to Hysteria is, no doubt, to be ascribed in many cases to congenital inheritance of physical conformation and temperament. The greater number of sufferers from this disease, observes M. Georget, have descended from parents, or have been members of families remarkable for their liability to nervous diseases, in the several forms of hysteria, epilepsy, maniacal affections, hypochondriasis, nervous headaches, deafness, blindness, palsies, &c." * And I remember to have seen a remarkable instance of the most aggravated form of this disease in a young woman whose father was subject to epileptic attacks. This hereditary constitutional predisposition to Hysteria, is very greatly aggravated by the personal influence of the mother, if she still remain subject to similar affections. And just in proportion as such predisposition exists, in greater or less degree will the patient be more or less liable to have it developed by the ordinary provoking influences.

The *sexual organization* itself, in its various conditions and crises, exerts a powerful influence in producing or developing the hysterical affection. As long as the sexual organs remain undeveloped, Hysteria does not appear, except perhaps in persons whose constitutional inclination to this form of disease is so great as to retard the sexual development. In like manner, after the cessation of the menses, when the sexual organs return to a second-childhood state of abeyance, Hysteria does not appear, except as the result of some organic disease of the uterus or ovaries. But after the accession of puberty, the retention or tardy appearance of the menses and all the various derangements of the catamenial function,—the excitements incident to coition, conception, abortion, miscarriage, utero-gestation and parturition

* Davis' Obstet., p. 104.

may become capable of developing the constitutional predisposition to Hysteria, or perhaps of originating the disease itself where such predisposition did not exist. So sensitive, and delicately organized are some constitutions in respect to the sexual system, that the enforced continence of protracted virginity, the imperfect, incomplete performance of sexual intercourse in the married, and the deprivation of such intercourse in those who suddenly become widowed, are alike capable of giving rise to hysterical affections; and even the moral sufferings of disappointed love, unrequited affection and inconsolable grief, have in many instances been known to lead to the same result.

The influence exerted in the production of Hysteria by the uterine life of the female is as unquestionable as it is unlimited. And this includes all the organs of the sexual system; but most especially the ovaries, of which mention has already been made in this connection. An irritated condition of the ovaries we regard as being the foundation of and inseparable from the hysterical state. And even as inflammation will extend from one serous or cellular tissue to another with great rapidity, even where the tissues themselves are not adjacent,—so where the ovaries are in this chronic state of irritability, they exert by sympathy such an influence upon other nervous centres that the slightest irritation of their peripheral extremities may induce hysterical paroxysms. Thus in persons subject to Hysteria,—which is but another name for laboring under *chronic ovarian irritation*,—the reflex action from irritation of the gastric, the intestinal, or the uterine mucous surfaces, or even of the external cutaneous surface, is often sufficient to throw them into the most violent hysterical convulsions.

The remedies which may be used in cases of Hysteria are very numerous. Indeed there are but few in the Materia Medica, which have not in their pathogenesis some reference to this varied and ever-varying form of disease. Great care should therefore be exercised to prescribe the proper remedy at the commencement of the treatment; then very great

caution should be observed in regard to repeating the dose; and still more in changing to another remedy. The habit of changing the remedy to suit the different phases of the disease is a most pernicious one; and this is still more especially true in cases of Hysteria, where a single disorder of the system assumes at different times such an infinite variety of forms. Some one or more of those grand characteristic symptoms, that are nearly always present, and that are observable by the patient herself or by her attendants, should govern the choice of the remedy. And when once thus carefully selected, the medicine must be allowed to act for days or weeks, or perhaps even months,—in cases where the improvement continues so long,—without repetition of the dose, and still more especially without changing the prescription.

And in cases of Hysteria, as also in epilepsy, or other chronic spasmodic affections, never prescribe for the convulsive stage *per se;* rather let it pass off by itself without medication. But observe closely all the symptoms; for it may be that here, in the very last ultimation of the disorder, we may detect the symptom which shall conclusively indicate the remedy for the entire case. The characteristic symptom of a case,—that which corresponds to the key-note of the appropriate, homœopathically indicated remedy,—may appear in the course of the convulsive attacks, or at their close; it may be the precursory herald of their approach, like the *aura epileptica;* it may appear only in the interval of comparative quiet; or as, in those cases which have no positive spasms, it may be a more or less constantly attendant symptom; or finally it may even be merely a condition of aggravation or amelioration of time, place or circumstance.

Only a few of the leading and more frequently indicated remedies for hysterical affections can be mentioned here. The entire Materia Medica has sometimes to be ransacked to find the true similimum for some of the forms of this disease; a disease whose forms are as numerous as the individual constitutions and temperaments of its subjects, *multiplied* by the innumerable physical, mental and moral influences which

become the means of provoking, exciting or developing the original constitutional delicacy or hereditary predisposition.

Aconite. She has much fear, fear of going into places of business, into crowds, down town for example, or anywhere where many persons are actively passing and repassing. Vertigo on rising from a recumbent position. She dreads too much activity about her; she complains much of her head; she is possessed with a great and distressing fear of death. Aconite, high, will remove all these symptoms; and with them, probably, the whole train of morbid sensations, if allowed to act a long time, with occasional repetitions when the improvement seems to have ceased.

Anacardium. Where great forgetfulness seems to characterize the case.

Arsenicum. Where a real *hysterical asthma* seems to be developed at every little excitement. Worse at night, particularly the latter part of the night. She cannot lie down for fear of suffocation. She wants a little water every few minutes. Great fear of death. She has many other troubles, but these seem to predominate.

Asafœtida. There is much trouble about the œsophagus; every excitement that brings on hysterical symptoms, points thither. Dryness and burning in the œsophagus. Sensation of pressure, or as if a body or lump were ascending in the œsophagus, obliging frequent deglutition to keep it down. This feeling in the œsophagus often causes great difficulty in breathing. Soreness in the œsophagus preceded by burning. Dartings upward towards the œsophagus from the chest. When the hysterical symptoms develop themselves in this direction, Asafœtida will cure the case.

Aurum. The more her hysterical troubles are developed, the more her thoughts run on the act of committing suicide. This act is more or less constantly and forcibly in all her thoughts. In such cases, under the influence of *Aurum*, the patient will cease thinking of suicide, and she will get well. This remedy is also indicated by a fine eruption on the lips or face and forehead.

Belladonna. There is a general tendency of blood to the head, with redness of the eyes and face, which is still more developed in the spasmodic attacks. She moans very much, even at night, without much sleep. She is very despondent. She will sit and break pins into pieces, half a day at a time. She is very much troubled with throbbing headache, particularly over the eyes. She has a wild look.

Calc. carb. This important remedy will be particularly indicated in hysterical as in other affections,—where the symptoms correspond,—in persons of a leucophlegmatic temperament. She swells at the pit of the stomach, like a saucer turned bottom upward. She has many spasms per day. She is easily chilled. She suffers from cold damp feet. Vertigo on going up stairs. Her menses are too frequent and too abundant. She is often unable to sleep after three o'clock in the morning.

Causticum. One of her chief troubles is she cannot keep her upper eyelids up; they are paralyzed or nearly so, and will fall down over the eyes. She is very apt to have piles which are made almost intolerable by walking.

Chamomilla. Great tendency to quarrel, to speak in an obstreperous manner. She has to restrain herself much in order to give civil answers to questions.

China, may be useful in cases which are usually worse every other day; and in such as are attended with unusual strong appetite. Sensation of distention in the abdomen.

Cocculus. In the fullest development of this disease, this remedy points to a choking constriction in the upper part of the fauces, with difficulty in breathing and an irritable cough or disposition to cough. Retarded menses, which finally appear with great weakness, so much so that she can hardly talk; or she feels nausea, even to faintness. A sensation of roaring in the ears as though there were shells before the ears.

Coffea. Great sensitiveness with general excitability; she is in a state of ecstacy. Headache as if a nail were driven

into the brain, or as if the brain were torn or dashed to pieces.

Conium will be particularly indicated where much vertigo is developed, especially when in a recumbent position; she cannot turn in bed without occasioning distressing vertigo. During micturition, her urine alternately flows and stops. The breasts swell, become hard and painful before the menses, when her hysterical symptoms increase very much; the vertigo often becomes very severe at these times; and she may also have constipation, with constant and ineffectual urging to stool.

Euphrasia. In cases where there is dimness of vision as a result of the hysterical condition, with great suffering from profuse lachrymation.

Hyosciamus. There is some resemblance to epilepsy in the remarkable jerking and twitching of her spasms; still they are less regular in their form. She is disposed to uncover herself and to be naked; she indulges in much silly laughter and many foolish actions.

Ignatia. When a state of anguish is developed in which she shrieks for help, with suffocating constriction of the throat; difficult deglutition, and she finally comes out of the spasm with deep sighing. She frequently complains of an emptiness at the pit of the stomach, with frequent sighing, and much despondency simulating grief.

Ipecac. Every fresh development of the hysterical symptoms brings on a sensation of continual nausea; there are many other symptoms, but the nausea is constant, she feels it every moment.

Jodium. There is a remarkable and unaccountable sense of weakness and loss of breath in going up stairs. Leucorrhœa corroding the linen.

Lachesis. Sensation as if a lump were rising in the throat which does not particularly incommode her, but merely feels unpleasant. But she cannot bear the least pressure externally about her throat, she would suffocate; or even about the chest, stomach or abdomen. She is almost constantly

relieving herself of the pressure. She awakes from sleep distressed and unhappy, as if from loss of breath.

Lycopodium. She has a constant sensation of satiety; she takes no food; and if asked why, replies she wants nothing because she is so full and that the least morsel causes a sensation of fulness up to the throat. Cutting pains across the abdomen, from right to left. Much borborygmus, particularly in the left hypochondrium. She becomes worse at four in the afternoon. Red sand in the urine.

Magnes. mur. This is one of the most important remedies in hysterical conditions. She has many spasms, day and night, with great sleeplessness. Constipation of large, difficult stools, crumbling as they pass the verge of the anus. Fainting fits at the table, nausea and trembling; relieved by eructations.

Merc. sol. She has profuse flow of saliva; and her breath has a mercurial odor. The gums bleed and are inclined to ulcerate about the teeth. She is disposed to perspire much: the perspiration does not relieve; it is cold and clammy, particularly about the lower extremities. She is very sensitive about the epigastrium or pit of the stomach.

Moschus. Violent, long-continued, inveterate scolding, until she falls down in a swoon. Great anguish, as if she had to die; she talks of nothing else except that she will die. She exclaims it is my death, and then falls down in a swoon. Frequent swooning. Great desire for beer, or brandy.

Nat. mur. This remedy is indicated in all females whose menses delay and decrease more and more. She awakens in the morning with a bad headache. Vivid, painful dreams, during a light sleep. Dreams at night of robbers being in the house, so vividly, that she will not be satisfied till the house has been searched. Somnambulistic rising and walking about in the room. A constant desire for salt. Great aversion to bread. All her symptoms are relieved as soon as she gets into a perspiration.

Nux mosch. Sudden change from grave to gay; from

lively to serene; excessive tendency to laughter. Enormous distension after meals. Vicarious leucorrhœa, in place of the menses. Excessive dryness of the tongue and mouth after sleeping.

Nux vom. She seldom sleeps after three A. M. She feels worse in the morning. Constipation of large difficult stools. Very dyspeptic. She is much excited by coffee, spirituous liquors, or highly seasoned food. She feels much better on plain, and simple food.

Phosphorus. Particularly indicated in tall slender females. The stools are long, narrow, dry, hard, and voided with much difficulty. She feels a great sense of weakness in the abdomen; this distresses and aggravates all her other symptoms. She eructates vast quantities of wind after eating. She is sleepy, particularly after dinner. Sexual desire very much increased.

Platina. Self-exaltation, and contempt for others. Violent crampy pain at the root of the nose. A strange tittilating sensation extending from the genital organs upwards, into the abdomen. Stools difficult, adhering like soft clay to the rectum and anus. Spasms with wild shrieks. Menses in excess, dark and thick.

Pulsatilla. The forms of her symptoms are very changeable. She is easily moved to laughter, or to tears. She is very well one hour or half hour, and very miserable the next. She is timid and fearful, and yet extremely mild, gentle and yielding. She is sometimes silent and melancholy. She has a bad taste in her mouth, especially in the morning. Nothing tastes good to her; or she has no taste.

Sabina. She is very nervous and hysterical; and if she becomes pregnant, she is almost sure to abort about the third month. Now if Sabina is administered, she will not abort any more; and if kept a long time under the influence of this remedy, she will eventually and entirely recover.

Sepia. Paroxysms of something twisting about in her stomach and rising toward the throat; her tongue becomes stiff, she becomes speechless and rigid like a statue. Painful sensation of emptiness in the pit of the stomach. Urine very

putrid; it deposits a clay-like sediment which adheres with great tenacity to the vessel. Icy cold hands and feet. Sudden fainting with profuse sweats and undisturbed consciousness, without being able to speak or stir. Involuntary fits of weeping and laughter. Sensation of coldness between the shoulders, followed by general coldness and convulsive twitchings of the right side and difficulty of breathing.

Stannum. Great sensation of faintness after going down stairs; although she could go up stairs well enough. She can hardly sit down; she must drop down suddenly; she can get up very well. Very much exhausted from talking or reading aloud. All her pains increase gradually to their highest point and then as gradually disappear.

Staphysagria. She is very sensitive to the least impression; the least word that seems wrong hurts her very much. The sound teeth, as well as those decayed, are very painful to the touch of food or drink.

Stramonium. She is full of strange and absurd fancies. She is fearful, so that she starts back and stares wildly at the first sight even of familiar objects. Very great loquacity. She desires light and society. Her face is puffed up with blood.

Sulphur. She comes out of her spasms feeling very happy, and everything seems very beautiful to her. She discharges large quantities of colorless urine, at the termination of the spasms. Her attendants have learned to recognize this, as a sign that her spasms are at an end. She has flushes of heat; coldness of the feet; heat on the top of her head; and cannot wait for her dinner as usual, so faint and hungry.

Valeriana. A sensation as if something warm were rising from her stomach, arresting her breathing, with tickling deep in the throat and cough. She feels a sensation as if a thread were hanging down the œsophagus from the pharynx. Fearfulness; tremulousness; and palpitation of the heart.

Veratrum. In addition to other symptoms, she has cold sweat on the forehead. Cold sweat all over her; and a very weak pulse, so weak that it can scarcely be counted.

Viola odor. Much weeping without knowing why; distress in the chest; difficulty in breathing; anxiety and palpitation of the heart.

Zinc. Incessant and powerful fidgety feeling in the feet, or lower extremities. She must move them constantly.

THE MEDICAL WAR: THE CHOLERA.

BY AD. LIPPE, M. D.

We extract from an article published under this head in the *New York Times,* May 11th, 1866, and preface a few remarks.

"The party most interested in this medical war," says the *Times,* "are the public,"—but such is not the conviction of the Allopaths. Their cry is "our craft is in danger," and consistently with their general demeanor towards the public, they demand the sole and entire control of all the city hospitals. Are they to judge for every person who shall be compelled to seek medical treatment in public institutions when stricken down by the "*Epidemic,*" what his treatment must be? Have the public no right to judge for themselves, collectively or individually? And who has conferred that right upon the Allopaths. Have the public tacitly to submit to such arbitrary measures as those now proposed? Or have not the people long ago granted to the Homœopaths the same rights and privileges formerly enjoyed by the Allopaths alone? The very insolence with which these Allopaths have treated Hahnemann and his followers, has induced the people to rebuke them severely. If a man falls sick, is he supposed to have no opinion of his own? Had he no right to investigate as well as he could the comparative merits of the two Schools,—especially when he finds statistics clearly showing the superiority of the new over the old School; when he even finds that the insurance companies will insure the life of a person at a smaller premium, if he declares that he will always be treated homœopathically when sick; and that the premium increases with the increasing risk of Allopathic treatment? Had the searching inquiries of the life insurance

companies shown a reverse result, *then* the Allopaths might be excused if they should endeavor to guard the public welfare and exclude a less successful practice; but as it is, public opinion guided by incontrovertible facts is decidedly opposed to this proud old "*craft*, which declines to expose itself further because it fears *competition*." Were they not themselves fully convinced of the great danger, nay of the certain inevitable ruin to which their craft would become exposed by a fair, honest competition, they would not allow so glorious an opportunity to slip by; they would willingly allow their despised opponents to "hang themselves," by utterly failing to accomplish as much in the treatment of the epidemic as they do themselves.

And to make matters worse for themselves, they with their chosen leaders boldly stand up before the people, uttering the most deplorable historical falsehoods, and demand in return the confidence, the sole control of the people in medical matters.

The celebrated Dr. Parker of New York, and his friends. (vide *Times*) claims, "that to them by right, (what right?) belong not only the chief places, but all the places." What rights have Dr. Parker and his friends but such as they derive from the people? Or has the learned Dr. forgotten that he too is one of the people only; that we do not indulge in preferred classes in this great Republic of ours, and that all the rights he has, he enjoys under his "license to practice medicine?" Under the same license, paying the same tax to the Government, practice all other qualified physicians; the people through their executive officers judging of their qualifications. Both Schools enjoy "equal rights" up to this day at least; whether the Allopaths will comply with progress in the healing art and regulate their respective positions in the community or not, will in a short time be seen. Further "they claim that a much less percentage of death occurs under their practice; where are their figures? There are a great many statistical reports published on the subject of the comparative mortality of Cholera under the two respective treatments, and in no in-

stance have the Allopaths been able to controvert the ugly figures we have shown to the people. And among all the reports made on the subject, there is one published so entirely beyond the power of contradiction, so fully made out, nay endorsed by the Allopathic Medical Hospital Inspectors themselves, that it must take us by surprise how Dr. Parker in the face of such facts can allow such a statement as he makes to go before the public. And we can only seek an excuse in mitigation of his conduct, by supposing that his violent prejudices have not allowed him to pay any attention whatever to the facts as they are on record—and we will therefore reiterate them again for his benefit as well as that of his friends and the public in general.

The facts are these. A committee was appointed by the English Parliament to report on the comparative result of the various modes of treating the Cholera in London during its prevalence in 1854. Lord Grosvenor from his place in the house of Commons, called for the report of the Homœopathic practitioners and hospitals, these reports having been withheld by the committee appointed.

In reply to this call from Captain Grosvenor, the Medical Council returned the following resolution: "*Resolved*, That by introducing the returns of the Homœopathic practitioners they would not only compromise the value and utility of the averages of cure, as deduced from the operation of known remedies, but they would give an unjustifiable sanction to an empirical practice, alike opposed to the progress of Science and the maintenance of truth." The reports so unjustifiably withheld were published in a second Parliamentary paper. By these reports, which the allopathic officials had shown themselves so unwilling to have made known to the people, it was shown that the mortality under allopathic treatment of Cholera was 36 per cent.; and that at the same time the mortality under Homœopathic treatment of Cholera was but 16 per cent. And let it be borne in mind that these reports could not be denied, since they had all been verified by the Allopathic Medical Inspectors. Is it to be supposed

that the allopathic officials would have opposed the publication of these reports had they favored Allopathy instead of Homœopathy? Would they not have paraded them everywhere in triumph?

Thus it happened that the Medical Council, with the President of the College of Physicians at their head, could no longer hide their ignorance of Homœopathic treatment; and could no longer pretend ignorance of its greater comparative success. Nor could they any longer withhold from the people the statistics which would enable the people themselves to institute a comparison between the two modes of Medical treatment. Nor could they any longer escape the charge of having, in the interest of Allopathy, betrayed the trust reposed in them by the people. No longer could they deny having attempted to sacrifice the interests of the people at large, to promote the aggrandizement and maintain the dominant and domineering position of their aristocratical Medical Class. They could escape none of these consequences of the unexpected failure of their nefarious attempt to withhold most important public information from the public.

Such is a statement of recorded historical facts; and still the opposition is unmindful of the advantages their perversion of facts gives us—how the confidence of the people, so shamefully abused by these self-constituted and most interested parties, must utterly and forever be withheld from them; they do not seem to see the utter helplessness of their condition if the confidence of the people in them has been lost, never to return.

The Homœopaths on the other side ask but for "equal rights," they are anxious to have the respective merits of the opposing systems made known, and they are all the readier to abide by the result as they know full well what results have been accomplished in former epidemics. But they must decline to leave the appointment in the hands of the supervisor, an allopathist. Would it not be best for the community to trust to the good sense of the numerous homœopathic practitioners themselves, to furnish such physicians as the

themselves thought to be most competent to represent them? Would not their own interest lead them to seek to be well represented, and men who would not seek to appear as applicants for a doubtful favor at the hands of an allopathic physician who happens to be supervisor at the time, might be induced to accept positions and give their time and experience to the community for the sake of a cause they advocate.

And we as Homœopathists may leave the case with the people, they will see to it that we have our rights sooner or later, but we will have them at their hands surely. We may also congratulate ourselves that we have to do with a divided party. Those who enjoy the offices at present, say that "Cholera" is on Staten Island, but those out of office and representing another wing of the self-termed "Regulars," have been down the Bay to see the elephant and say (vide report of the Baltimore Convention of the Regulars) that there is no cholera anywhere at all. The description given by the very learned doctors in office of what they are pleased to term "Cholera" has not the characteristic symptoms of the "Asiatic;" and when we take into consideration the breaking out of the disease on over-crowded vessels some seven days at sea, with a clean bill, and the absurdity of charging some Saxons from Werda with having brought it from home; from a town in which there had at no time lived three human beings who ever thought of emigrating to the land of liberty beyond the great water; who, if they had bethought themselves of it, would not have found the means, and if they had found them, would have been prevented by the authorities who would have kept them "at home;"—there being no emigrants in and from that place, so was there no cholera there at any time since Adam. If then the disease was not carried to the ships, it could not have been the Asiatic cholera, that raged before the mast; what then was it? Was it bad impure air alone, or was it not very likely the food? And when it is further known that thousands of horned cattle were killed in Old England, and the noble owners were ordered by Act of Parliament to kill them, if they rested

under suspicion of liability to the rinderpest, and were by that act to be buried ten feet under ground,—which was an additional expense to the noble or patrician owner of the suspected animals,--is it quite impossible to suppose that a large number of said cattle might not have gone to be packed, pickled and sold abroad? And might not this cheap meat have been purchased for the emigrants? And if we further know the similarity of the so-called cholera as reported by the learned physicians with the symptoms resulting from the use of unwholesome meat, and the further similarity of the remedy indicated for both the pretended cholera and rinderpest (Arsenicum) we might be permitted to draw some logical conclusions from these propositions. And if these learned sons of the Regulars had tried the experiment, as they are in the habit of doing on cats and dogs, and had given such unfortunate canines and felines some of the meat found on board of these vessels, said animals would surely have deposited their testimony in such a manner as to make it appear to the dullest understanding, even of a "regular in office," that the meat was causing serious disturbances in their alimentary canals, stomachs, etc. And it becoming perceptible to their senses that the food was bad, the case might have been handed to a "detective," who in less than a fortnight would have brought the whole matter to the notice of the public, owners of the cattle, merchants, brokers and all. But what would have become of the panic? and the controversy over a mite? and the assertions of superior success by Dr. Parker & Co., and the statement of facts by the friends of the people, the Homœopathists? All that would not have been, and the *Times* would not have had that column and a half about the "war medical" and the "tricks medical," and the "danger of the craft;" the question would not have agitated the public mind, the Allopaths would have had it all their own way as before, losing ground very gradually but surely; and what will be the result of all this agitation, caused by some ill-advised Regulars in office? *Inquiry!* And that is exactly what we covet, what our opponents fear;

what we demand, what they prohibit. Let the people inquire, let them be guided by results, by facts, let them follow the example set by the life insurance companies and by persons who have had homœopathic traeatment for long years, and seen the comparative results of both varieties; and above all let them try it themselves. And let the Allopathic School consistently follow the beaten path of stubbornly closing their eyes to facts, and resist all innovations on their pretended rights to dictate to nature and to the people;—that is all we ask from them. The people will decide the question before long, and we are willing to abide by their decision.

The Allopaths vs. *The Homœopaths—Claims of each—Decision of the New York Board of Health.*

A great deal of natural but unnecessary ill-feeling is apparent between the medical practitioners of the day, in this and the adjacent cities. The treatment of cholera is the field on which the rival schools have marshaled their factions, and propose to fight a bitter fight, let the consequences be what they may.

In the first place it may as well be clearly understood that at present we have no cholera among us; and that there is no apparent cause for all the excitement on the subject, beyond the very stringent rules made by the authorities and the incessant clamor raised by certain newspapers, which act upon the mind of the community as a lighted match does upon prepared tinder. The general health of the City, as shown by statistics and official figures, is admirable—the condition of the streets was never so excellent—their cleanliness is marked and their freedom as a general thing from filth and garbage and offensive matter is greater than has been known for many years, and all parties who are uninterested agree that so far as an epidemic is concerned there need be no fear of it, if the contractors continue to do their work as it is now done, and if the people give heed to the hygienic rules suggested by experience and common sense.

The Actual Condition.—Despite all this, certain parties have succeeded in creating a very decided alarm in the public mind, and the weaker vessels of the community are filled with anxiety and care, dreading the approach of the terrible monster, buying all manner of bottled preparations, arming themselves with a thousand and one "directions," scaring their children and unfitting themselves for life and its duties. The hotels already feel it; the out-of-town public believe that where there is so much smoke there must be some fire. They read in the daily press glowing accounts of the fearful death of a patient and below them a long series of directions from people who may know all about it and may not. Instantly they apprehend the danger of a trip to New-York; their visit is given up, the Spring purchases are made elsewhere, and the Metropolis is shunned like Golgotha. The absurdity of all this is apparent to us who live here and know the falsity of the reports, but the fact of its effect is none the less true.

The Allopaths.—The school of practice known as Allopathic, has, by many years of practice attained a recognized hold upon this and all com-

munities, which entitles its disciples and learned men to distinguished consideration. Indeed, down to a comparatively recent period of the history of the civilized world, the word "doctor" meant and was understood to mean one who practiced according to its rules and theories. Long habit has also done much toward granting its practitioners certain priorities and privileges, which they now haughtily and defiantly claim as rights, declining to recognize any man or set of men as brethren or doctors who do not agree with them. In the Board of Health, for instance, we find a distinguished member of the school refusing to admit or have aught to do with the believers in HAHNEMANN, stigmatizing them as believers in a system that amounts to nothing, and doubting whether any of the profession were men of reliability in practice. Dr. PARKER is a man of ability and culture, and his word or opinion goes far with many people, except in a case where prejudice leads him beyond the bounds of ordinary discussion. The allopaths, led by Dr. PARKER, claim that to them, by right, belong not only the chief places, but all the places. They claim that a much less percentage of death occurs under their practice: that long experience in the treatment of the disease at the East and elsewhere entitles them to the public confidence; that the medicines of the homœopaths are powerless and utterly invalid, and, *per contra*, that the medicines of the homœopaths are poisons and agents unfit for use; that, inasmuch as they know, they are abundantly able to manage the cholera, if it comes, and there can be no good reason for granting hospitals to other practitioners who think they can manage it. That these claims should arouse indignation among the followers of HAHNEMANN was to be expected. All through the City the matter is and has been discussed, the wordy warfare, like all such battles over religion, politics or medicine, being as near settlement now as when it began.

THE HOMŒOPATHS.—The Homœopaths labor well under many and manifest disadvantages. In the first place they contend against prejudice and long standing institutions and customs, and in the second place they have been hitherto without official indorsement to aid them. In behalf of some 300 regular practitioners in the district, a committee, headed by the venerable and erudite Dr. BOWERS, presented a memorial to the Board of Health, asking for one hospital and one district, in each County of the Metropolitan District, wherein they could be judged by their fruits. In support of their position they claim that in all hospitals where they had a fair chance they have come out with advantage; that the experience of the citizens of New-Orleans in 1853 led them to rely most upon the Homœopathic treatment; that the mortality in hospitals on Manhattan Island, where their treatment is adopted, is but one-sixth as great as that under the Allopaths; that the official City records of the cholera of 1849 show a loss under allopathic treatment of 53 per cent., under homœopathic less than 8 per cent.; that in Smyrna last year the allopaths lost 66 per cent., the homœopaths 8 per cent.; that the ordinary mortality of patients under homœopathic treatment is one-sixth as great as that under allopathic treatment; that in 1836 the Austrian *protomedicus* reported to the government that, in the Vienna Homœopathic Hospital *two-thirds* of the cholera patients *recovered*, while in the Allopathic Hospitals *two-thirds* of them *died;* and that on this report was based the decree of the Emperor, still in force, legalizing the practice of homœopathy in Austria; that in view of all these provable facts they are entitled to an opportunity by which they can show of what stuff they are made, and an opportunity which the officials of the Board will not be able to mar by unfair opposition. In connection with this the principal homœopathists of Kings County, Dr. A. COOKE HULL, Dr. WRIGHT, Dr. RICHARDSON, Dr. WELLS, Dr. TALMAGE, and others, recently held a meeting indorsing the

action of their New-York brethren, and appointing a Committee of Conference for joint action in the matter.

THE BOARD OF HEALTH.—Long ere this the Board of Health has discovered that the medical part of their labor is a very huge, unwieldy and awkward elephant. As he is on their hands, however, he must be taken care of, and to the best of their ability, they have attempted thus far to do so. Having listened patiently to the claims of the allopaths and the homœopaths, they decided that they thought favorably of the request made to the Board by the homœopathic physicans, and recommended that "Dr. SMITH (allopathic) make selections of such persons as shall offer their services, and that one-half of the hospital at the Five Points and at the Barracks be assigned them," under the supervision of the Superintendent, who is an allopath.

The ill-feeling that this decision created was tremendous. Governor FENTON, President SCHULTZ and President ACTON are homœopaths, and the allopaths, in their rage, growled and grumbled at the outrageous violation of precedent and custom. The homœopaths were just as much excited, and waxed indignant at the idea of placing them under the superintendence of an allopath, who by sending them all the moribund cases and otherwise treating them unfairly, could not only damage them, but seriously compromise them.

In self-defence the Board of Health then issued a bulletin for the instruction of the people in the prevention and cure of cholera, which was printed in the TIMES, and contains some very good advice.

"CHOLERA—HOMŒOPATHIC PHYSICIANS TO BE EMPLOYED.—Reports were received from Drs. Harris and Herzog, containing many useful suggestions as to the peculiarities of the cholera, having a bearing on the quarantine of vessels and passengers, which your committee reserve for future consideration; or if the Quarantine Commissioners and Commissioners of Emigration should appoint a Committee of Conference to meet with the committee appointed at the last regular meeting of this Board, that these letters be referred to this joint committee for consideration.

Your committee think favorably of the request made to the Board by the homœopathic physicians to be assigned to hospitals, and would recommend that Dr. Smith make selections of such practitioners as shall offer their services, and that one-half of the hospitals at the Five Points and of the hospital at the Battery be put under the medical care of those physicians.

The report was adopted.

The mortuary report from the Bureau of Vital Statistics was then read, from which it appears that the number of deaths for the week was four hundred and fifty-two."—*Board of Health, N. Y., May 2.*

DR. D. WILSON'S SUCCESSFUL METHOD OF CURING THE RINDERPEST.

[Extracted from the *Morning Advertiser*, England, March 13th, 1866.]

It must be no less gratifying to Dr. Wilson than it is pleasing to us to know that his mode of managing cattle smitten with the rinderpest has at last, although tardily, received a most complimentary recognition in the county of Fife, where the disease has prevailed with destructive severity.

In our issue of the 15th of last November we felt it to be our duty in the interest of the country to call public attention to Dr. Wilson's able letters then being published in our columns, now being quoted by the *Fifeshire Journal*, and what is still more satisfactory, through his advice being acted on. His mode of treatment has met with the most successful and exceptional results, not only as far as the county of Fife is concerned, but in every other county or country, we believe.

Although the slaughtering of cattle has been made imperative until the 15th of April, in the hope that by this means the disease will be "stamped out," there are many who question the wisdom of this wholesale destruction, and who entertain serious doubts whether such will radically extinguish the disease before we have been deprived of our most valuable breeding stock—the class of animals which seems to be the most peculiarly susceptible to the influence of this fell disease.

At the moment we write, the disease has for a second time, notwithstanding the slaughtering process, reappeared in Aberdeenshire amongst a fine herd of eighty head of cattle belonging to Mr. Bruce, of Millhill, and for a third time slaughtering has been had recourse to, including even those that had been in contact with the diseased animals. Nevertheless, the "County Local Authority," at their meeting at Cupar, on Monday, March 6th, decided by a very large majority that it was "inexpedient to slaughter sound animals in contact with diseased stock."

In the face of such intelligence as that from Aberdeenshire

and other localities, with the gloomy prospects of this terrible disease still marching on, apparently unchecked, Dr. Wilson's scientific mode of handling diseased cattle becomes one of no ordinary interest, and demands immediate investigation. The public have been informed by the Doctor, through our columns, that although placed "under most unfavorable circumstances for calculating statistical results," he has, nevertheless, had recoveries within a fraction of 72 per cent. He had to treat many of his cases through the reports brought by messengers, and on occasions entirely by correspondence.

To Mr. Cheape, of Wellfield, Fifeshire, under the advice of Dr. Wilson, belongs the credit of having secured curative results of 90 per cent., and this death-rate, we are informed, took place before the animals were under the strict directions of Dr. Wilson. We shall best serve the interests of the public in quoting from the *Fifeshire Journal* of the 8th instant. Mr. Bethune, of Blebo, himself a severe sufferer from the loss of very valuable short-horns, writes:

"I have just seen Mr. Cheape's stock under the treatment recommended by Dr. Wilson; eighteen of them are recovering well from the plague, and only two are dead. My opinion is, from what I have seen, that shortly the country will call out, 'Cease this slaughtering.' I trust it may also with one voice ask the Government to set apart a day for humiliation, and that it may please God to give us wisdom to deal with the calamity that, if unchecked, may produce the most direful results in the country."

Fortunately for Mr. Cheape and the success attending Dr. Wilson's method, the veterinary inspector, we are informed, declared Mr. Cheape's stock convalescent just in time to save their being slaughtered under the new act.

It is to the following principles of bovine dietetics during the treatment, quoted from a letter of Dr. Wilson's to Mr. Cheape, published in the *Fifeshire Journal*, that we beg to call the especial attention of our readers; and, we may add, that we have undoubted authority for stating that the very identical particulars and directions for treatment were communicated on the 11th of January by Dr. Wilson to the Chancellor of the Exchequer, who forwarded them to the Privy Council, who, in their turn, passed them on to the Royal Commissioners, but they have as yet taken no notice of them. On the other hand, proprietors of stock in Fifeshire declare that they have learned more from Dr. Wilson's

explanatory instructions to Mr. Cheape than they have from all the letters that have been published since the cattle plague began to decimate their herds. They add, that if such had been published one month earlier a large amount of valuable stock might have been saved.

Dr. Wilson writes to Mr. Cheape as follows:

"The case stands briefly thus:—The cow, as you know, has four stomachs. The calf fed on milk uses only one stomach, that being the true one, called the 'reed.' As soon as it takes solid food, then the same requires to be cudded, and consequently the paunch comes into use, with the second, or 'honeycomb,' and the third, or 'faik,' also called the 'leaves.' From this moment bovine digestion becomes most complicated, and, like everything complicated, it is liable to become easily disordered when the cud fails; it is because the paunch has lost its power to return the food, which lies macerating, and, in the absence of rumination, passes rapidly into putrefactive fermentation, and in the mean time the beast dies of starvation, unless supported by gruels, which require to be poured down slowly, so that they may pass on at once direct to the reed, or fourth stomach, so as to afford support to life. If they escape, by being poured too hurriedly, and roll down like a ball, the pillars of the gullet are forced open, and the fluid gruel passes into the paunch, where, amongst the already fermenting mass, it generates more gas, and the beast swells up and dies rapidly from hoove. No beast dies without its paunch being two-thirds full of food, because, unless the paunch be to a certain extent full, the muscles of the belly cannot act upon the paunch so as to assist the throwing up of the particle to be cudded. The latter process merely reduces dry stuff to a proper state for nourishment, and when swallowed a second time a large proportion passes on to the reed, or true stomach. Now herein lies the whole secret of my success. I reduce (while the cud is suspended) the process of digestion to the simplicity of calf life; I avoid the danger of hoove by avoiding distending an already paralyzed paunch, which fails to work; I support, by liquid nourishment, the animal until treatment has saved the animal and brought back the cud. If Mr. Worms has discovered any mixture that will invariably restore the cud, then he deserves a monument; but mind, this alone will not save the beasts if inflammation be already established in the mucous membranes—with the cud being active, however, no animal,

properly treated, ought to be lost. I see great danger if restored cud prompts people to give the paunch too early work—no one would think of feasting too soon after a surfeit. It is exactly the same with cattle which have had the power of their paunches disordered. I question if the ginger in Mr. Worms' mixture would not do all the work without the garlic and onions. Depend upon it, if the paunch is not too much diseased, and it can be made to work so as to get rid of putrefying food, and the animal is carefully handled, few ought to be lost. Youatt says, in his book, that when animals chew the cud they are generally safe, and this is quite true. Neither will onions, assafœtida, or ginger cure typhus, which the cattle disease is, and rapidly becomes, if the animals pass on to all the different stages. The blue books, I see, largely confirm the truth of my diagnostic method. Dr. Aldis, as well as Dr. Tripe, confirmed it, and so did my visit to Willingham. I had one case amongst a lot of seven beasts, belonging to Mr. Harris, one of the Harrow masters and a magistrate, where the cud was absent six weeks. I supported her all the time on gruel; her teeth were loose, and blue marks round the gums; her back in the air; grinding of the teeth; running from the eyes, and diarrhœa. I saved her; and it was a horrible case. My first few were failures, because I failed to see the necessity of supporting them; but I very soon saw the truth. I should like if I could command time to publish all I have done, and consequently know from experience. The worst trouble I have is with foolish brethren bringing Homœopathy into disgrace every hour of the day. I hope to hear a good account."

In reference to the concluding allusion reflecting upon the professional element of the Homœopathic Cattle Plague Association, our readers may remember that in our issue of January 16, Dr. Wilson, in vindicating true Homœopathy, repeated his assurance that it was possible, through auscultation, to detect the disease from two to three days earlier than it could be by any other means, and consequently before it had reached a fatal development. His assurance has met with the most remarkable and gratifying confirmation in the blue-books already published, not only as regards his diagnostic method, but as regards the pulmonic congestion revealed on post-mortem examinations.

The evidence of Drs. Tripe and Aldis is entirely confirmatory of the soundness of Dr. Wilson's researches, which

were indeed previously quite borne out by Dr. Murchison's investigations. His zeal and accuracy have, however, been crowned with a final triumph in the pages of Professor Gamgee's work on the cattle plague, just published, where the Professor, perhaps unconsciously, establishes the fact beyond all doubt that while auscultation reveals the existence of "deviations in the breathing" in the incubation of rinderpest, his own favorite method of diagnosis by testing the temperature of animals by one of Castella's registering thermometers frequently only indicates the "normal temperature" of cattle. Dr. Wilson does not now require from the veterinary surgeon employed by the Homœopathic Association his assurance of a fact he has at last been obliged to admit, that he heard "crepitation" in Mr. D.'s cows, of Belgravia—a sound which some professional homœopaths had previously denied in no measured language as a fallacy on Dr. Wilson's part. Neither will it serve any useful purpose to quote the experience of Dr. Smart, of Edinburgh, as being opposed to Dr. Wilson's views, since Professor Gamgee remarks, in a foot note, page 14, "Dr. Smart says that 'there is no cough or lung symptom in the pure and uncomplicated examples of the disease.' This does not accord with my observations."

The Alumni of the Homœopathic Medical College of Pennsylvania.

At a meeting of the graduating class for the year 1866 of the Homœopathic Medical College of Pennsylvania, an Alumni Society was formed for the mutual benefit of said class, in fostering those ties of friendship that have grown up among them whilst engaged together in the pursuit of knowledge, and for the purpose of improvement in medical science, and the maintenance of a lively interest in their *Alma Mater*.

A Constitution and By-Laws for the government of said society were adopted, and the following named gentlemen were elected officers for the first three years: President, A. Shepherd, M. D., of Springdale, Ohio; Vice-Presidents, David Packer, M. D., of Peacham, Vermont, and J. G. Streets, M. D., of Smyrna, Delaware; Corresponding Secretary, Thos. H. Smith, M. D., of Philadelphia, Penna.; Recording Secretary, Charles S. Wilson, M. D., Hockessin, Delaware; Treasurer, E. P. Small, M. D., Portland, Maine; and for Orator for the next stated meeting, Harry Williams, M. D., of New York City, was elected.

The Society will meet in Philadelphia, on the second Wednesday of January, 1869. Any members of the graduating class above named, who are not already members of said Society, can become so by requesting the Corresponding Secretary to sign their names to the Constitution, and then complying with its requirements, the nature of which they can learn by addressing,

Thomas H. Smith, M. D., No. 805 North Tenth street, Philadelphia.

ON THE PROPER TREATMENT OF TUMORS.

BY AD. LIPPE, M. D.

What are tumors; what is their character, and of what do they consist? is probably the first question which presents itself to our notice: and to solve this question we cannot do better than consult the highest authorities on the subject.

Professor Virchow, who is the acknowledged leader of the new Physiological School, says of tumors: "The same law which governs the development and formation of the body, also governs the development and formation of tumors; other, new and independent laws do not exist anywhere. What may be determined in this manner logically, can also be shown empirically, through a direct examination of the tumors. I deny that (as Bichat teaches) the tumors are formed and exist in the body governed by different laws; I find that all kinds of tumors, let them be of any kind whatsoever, correspond in general, with the known typical formations of the body, and that the essential differences between the various tumors in themselves consist therein; that textures of the body, normal textures, appear at times in the shape of tumors in places which contain these textures in a normal condition, and at other times in places which do not contain these textures in a normal condition. The first I call, Homology; the second Heterology." By this he means to say, that all tumors, and those most parasitic, are still constituents and parts of the body, directly emanating from the body, and that the laws governing the body also govern the tumors.

The learned Professor works himself into logical absurdities, as he must further contend that all tumors are "healthy aberrations with the character of danger;" or, as he himself expresses it more clearly, "Pathology is physic

logy with impediments!" Chemistry has shed no light on the subject, and we again quote from Virchow. He says: "All possible tumors have been chemically analyzed and treated, nay maltreated; it was the manner of putting the question that was not properly understood. At all events, nothing could be found that might have been called a substance characteristic of each tumor; all that was finally discovered was, that the more malignant the tumor was, the more albuminous matter it contained."

Those of a milder form revealed more than the malignant ones, for the structural formations that were met there were better known in their chemical composition. On the other side, Homœopathy demands that in order to cure a patient all his symptoms should be considered, and that the totality of the symptoms alone constitute the disease. The tumor, whatever may be its nature, constitutes a part of that totality of symptoms: and we at the same time note down, as far as scientific researches may reveal it, the nature of that tumor; if chemistry has revealed nothing, the microscope will; although it cannot give us a clue to the cause of the tumor, nor lead us to detect the remedy.

But let us suppose that a tumor is a local disease, an ailment by itself, existing independently of any other disturbed condition of a diseased organism; we would then resort, as a matter of necessity, and warranted by facts erroneously assumed, to the use of mechanical means for the removal of such tumors, and would just as rationally expect the patient to recover speedily without experiencing any possible evil results from such a plausible measure. Experience sufficiently teaches that such a supposition is erroneous; we have but to examine a patient who suffers from any tumor, and we will soon learn that the tumor is but a very small part of his disease. It may be a concomitant symptom, appearing with other disturbed conditions of the system; and we may find it difficult to understand in what relation these disturbed conditions stand to it pathologically; nevertheless, we must take notice of every and of all symptoms of the patient, for

the diseased condition of the patient is represented only by them collectively.

If we should accept the first definition of tumors, and find them only physiological impediments, and governed by no other laws than those governing the body, then we would be justified in consigning them to surgical treatment. If we are truly Homœopathicians, and consider the tumor but a part of the symptoms of the patient, we will apply the law of cure as understood by the followers of Hahnemann.

The best, nay, the only mode of ascertaining the correctness of either proposition is to examine the records of the results of the application of both these opposing principles.

Before we advocate innovation upon any time-honored custom, *i. e.*, to consign all tumors to the surgeon, let us first inquire what have been the results of such treatment. We will study for that purpose the statistics of the advocates of that treatment. In doing so, we encounter at once a difficulty which cannot be very easily overcome; and that difficulty is, the question which arises: "What does the surgeon consider 'a cure'?" We have some cases in point which well illustrate this question.

A very well-known celebrity in surgery, of this city, wrote an article for a medical journal, a large number of which were struck off for private distribution. In said article, seven cases of Ovarian tumors were reported as extirpated in nine months and "cured." Eight months from the date of the report, the last surviving patient commendingly distributed this "advertisement;" a few days later she was taken ill suddenly and died. Still her case, and the six cases before her, are reported to this day as evidences of "a cure!" We might, with much more propriety, refer to these cases as unmistakable evidences that the operations, *i. e.*, extirpations, failed to accomplish the end in view—a cure. Therefore, it would be irrelevant to our object to admit what the surgeons offer us as their statistics; and what will hold good in cases of Ovarian tumors may with propriety be applied to all other tumors.

But the surgeon will tell us that he has never known cases where evil results followed the extirpation of any tumor. This assertion must be taken for what it is worth.

There are physicians and surgeons who have eyes, but do not see clearly. We have obstetricians who say that they have never seen any bad results from the administration of Chloroform or Ether during parturition; others contend that evil results never fail to exhibit themselves after either Chloroform or Ether has been administered. The only difference between these contradictory statements is this, that the first relator did not see what the second relator, as a better observer, did see. So it is with the surgeon who fails to observe.

On the other side, we have a large number of cases reported by Homœopathicians who have cured tumors of all kinds, under all circumstances, with the truly curative remedy, and without resorting to the knife. Such cases were cures, the patients remaining well, neither the tumors nor any other disease returning after a lapse of many years.

We may better illustrate our position by taking one of the most dangerous forms of tumors, those of the ovaries.

There are two different kinds of ovarian tumors, 1st, those containing cysts, cyst formations; and, 2d, those forming a solid mass. Among the first, we find the simple ovarian dropsy, complicated cysts, cystoids, cystosarcoma, cystocarcinoma and colloid swellings; among the second, the simple hypertrophy, the fibroid, the enchondroma, the scirrhus and tuberculosis of the ovaries.

The celebrated Professor Scanzoni and others, give very accurate descriptions of these various pathological conditions; but they say, "that the anatomical peculiarities of these tumors cannot be as well ascertained on the sick as on the dissecting-table:" thereby tacitly admitting the great difficulty of prognosticating on the living the anatomical peculiarities of a given tumor. When we further consider the results of the operation (extirpation), as represented in a collection of sixty-four cases by Simon, who only claimed twelve cures, while by his own statistics the mortality amounted to

seventy-two per cent.,—even while accepting, with distrust, these twelve cases reported as cured, we must very seriously doubt the final recovery to health of those previously operated upon, and certainly abandon all thoughts of imitating such a hopeless practice; knowing, further, the acknowledged difficulty of ascertaining on the living the anatomical peculiarities of these tumors.

On the other hand, experience has taught us that Ovarian tumors have yielded to homœopathic remedies; but how we are to find the curative remedy is naturally the very first question. The character of the tumor, or its anatomical peculiarities, so difficult to ascertain, will shed very little light on the subject. And in the same ratio as tumors differ among themselves as to their anatomical peculiarities, will be also the utter hopelessness of ascertaining why in this person the tumor assumed a certain form, and in another person a different one. And we are left to infer that various and different remedies will be applicable, as the homœopathic curative agent, in persons suffering from different, though similar diseases. This much we do know, then, that the individuality of the patient determines the anatomical peculiarity of the tumor; and therefore we must cure each individual case, guided by the individually characteristic symptoms of the patient: we cannot hope ever to find by inference a specific remedy for a disease exhibiting in so many different persons such palpably different anatomical peculiarities. By following this precept, we will find, to our astonishment, what a variety of means are at the service of recuperative nature if properly aided, and how strange the process by which some of these diseases are cured. I recollect a very instructive case, in which a lady, suffering from large, cysted, ovarian tumors, was relieved. After some preliminary treatment with an antipsoric remedy, corresponding with symptoms not strictly proceeding from the enormous swelling, she began to suffer with high fever, evidently an inflammatory condition of one of the cysts, for which Bellad. was administered. In the course of from twenty-four to forty-eight hours after the high febrile

condition had appeared, a very large discharge from the contents of the cyst took place per vagina, and the swelling continued smaller. This process renewed itself, and gradually, but slowly, an improvement of her condition and a great diminution of the swelling appeared. Under various circumstances, Apis, Lachesis, Graphites, Lycopod., Bromine and Iodine have been of great service in these diseases.

In like manner, we will have to treat all tumors; and as we found the curative remedy for many cases of fungus hæmatodes in Phosphor, guided by one small, apparently insignificant symptom, recorded by Hahnemann, overlooked by many and neglected by others,—"small wounds bleed much,"—so will we find, by a similar application of analogy, the remedy for many apparently hopeless cases.

Under strictly homœopathic treatment we do not *ever* observe the formation of any kind of tumors.

If a patient suffering from a tumor presents himself for treatment, and we accept the above principles and the conclusions drawn from them, we would, as Homœopathicians, prescribe the similar remedy for his disease as it is represented by the collective symptoms, the tumor forming but a part of them. The result may be a complete recovery. The tumor, ceasing to increase, may be absorbed or expelled as a superfluous body, as for instance in some cases of polypus.

But if the tumor has ceased to increase; if the disease is checked; if, in all other respects, the patient remains well, and yet the tumor declines to disappear because the constitution, or, as it may be called, nature, is not powerful enough to dispose of the former deposit of a diseased production: if such a case occurs, then it might become a question whether the removal of this deposit by mechanical means, that is by surgery, would not be advisable.

If the principles here expressed are correct, it still remains for the physician to decide for himself whether he will be governed by them exclusively, or whether, contingencies arising, he may not individually prefer to be governed by such contingencies rather than to adhere to settled principles.

The solution of this question must be left to the judgment of each practitioner, and cannot be reached by this article; the object of which has been only to define the homœopathic principles as applied to the cure of tumors.

NICOTINE IN CHOLERA.

BY AD. LIPPE, M. D,

As early as 1832, Dr. Reueckert said that Tobacco develops, in its effects on the human organism, symptoms so unmistakably similar to the cholera, that we feel tempted to believe it a curative agent in that disease.

Dr. Joseph Buckner, in his essay on Cholera, considers Ipecac., Veratrum, Nicotine, and Cuprum to be the most important remedies.* He says, the relations existing between Ipec. and Verat. constitute their contrast; so in the case of Cuprum and Nicotine they stand in the relation of irritation to torpor, and of spasm to paralysis. When the active character of the disease ceases and collapse can no longer be resisted, then begins the curative sphere of Nicotine. Cases which show *thirstlessness*, without vomiting or diarrhœa, with icy cold forehead, without any sign of action in the vegetative muscles, all end fatally without Nicotine. Further symptoms, corresponding with Nicotine and cholera, are, slow, irregular, intermitting pulse, oppressed breathing, anxiety felt in the chest; icy coldness from the knees to the toes. The lower extremities are paralyzed—formication in the legs. Giddiness with nausea and anxiety; deathlike paleness of the face with nausea, clammy, cold perspiration, while the body is warm, with small feeble pulse, cold extremities, coldness in the abdomen with nausea and hiccough; burning in the stomach; vomiting of water only as soon as one moves; the region of the liver is painful to the touch; pressure in the region of the kidneys.

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* Of Arsenic, Dr. Buckner says: "The most striking contrasts exist between the cholera and arsenic disease;" and he explains them fully on page 27 of his essay.

Atlantic Mutual Life Insurance Company.—We invite especial attention to the advertisement of this Company on the fourth page of the cover of the Monthly, and to the following article. As we predicted in our notice of the Hahnemann Life Insurance Company, their example is being followed by others; and this is but the beginning!

Albany County Homœopathic Medical Society.—Extracts from the proceedings of a regular quarterly meeting of the Society, held at the office of Dr. D. Springsteed, April 13, 1866:

Resolutions adopted at a special meeting held in February, showing the position of the Society with reference to life insurance companies, were read, slightly modified, and again unanimously adopted, and ordered to be published as a part of the proceedings of the meeting. The resolutions are as follows:

Whereas, Certain life insurance companies, having recently dismissed from the office of medical examiner two of the members of this society, solely because they were homœopathic practitioners, and have instructed their agents in no instance to appoint homœopathic physicians for medical examiners, and

Whereas, The directors of said insurance companies, by allowing themselves to be controlled by allopathic medical counsel at their home offices respectively, greatly strengthen the present unreasonable and illiberal position of the allopathic school of medicine, therefore

Resolved, That our own self-respect requires us to decline to fill certificates as attending physicians, except in cases in which the regularly appointed medical examiner for the company is a homœopathic physician.

Resolved, That we hereby pledge ourselves to extend our influence and patronage to those companies *only*, whose honorable and impartial action respecting the two rival schools of medicine, is attested by the official appointment of at least one medical examiner from among the homœopathic practitioners residing in this city.

The Secretary called attention to the recent organization of a Life Insurance Company in this city, in the success of which the patrons of homœopathy and all other schools of medicine will take a deep interest. Two other Life Insurance Companies, one in this country and one in England, deduct ten per cent. from all premiums paid by patrons of homœopathy; this is the only Company, however, which has so based its apportionment of dividends upon the ratio of longevity as, if practicable, to make a still greater deduction. This is the only Company also, which has adopted a system so arranged as to indicate the exact superiority of homœopathic over that of all other methods of treatment. The officers of the Atlantic Mutual offer the most liberal inducements to insurers that can ever be made by any company, and place, for the first time, the two rival schools upon an equal and perfectly equitable basis.

The Secretary presented the following statement respecting the Atlantic Mutual Life Insurance Company:—

The officers of this company rely for support especially upon the influence and co-operation of physicians and patrons of the homœopathic school. Perceiving the impropriety of insuring the patrons of the homœopathic and allopathic systems of practice upon equal rates, they have decided to make a distinction in favor of the former class. Accordingly they propose, not only to make a deduction of ten per cent. from the

regular rates charged by other first class companies on all premiums paid by the patrons of homœopathy, but, if practicable, to make a still greater deduction. Inasmuch as the comparative rates of mortality are not definitely ascertained, and believing that the results of a few years' experience will establish the fact that a difference of from twenty to twenty-five per cent. will be found to exist, and, that the patrons of homœopathy may receive the full benefit of increased longevity to which their system is entitled, the officers of this company intend to base the apportionment of the dividends upon the ratio of mortality.

The practical advantage of this plan, which has never been adopted by any other company, will be applied *in increasing the dividends or in diminishing the per centage of premium, as the case may be, in proportion as the ratio of longevity is increased.* Still another advantage is derived from the fact that the *exact superiority* of the homœopathic system of medical treatment over that of all others will be conclusively demonstrated.

The practitioners and patrons of the new system will readily perceive that their interests will be permanently promoted by giving to this enterprise their united and cordial support, as its success is coincident with the interests of the homœopathic practice of medicine.

The following resolution was adopted:

Resolved. That we cheerfully recommend the Atlantic Mutual Life Insurance Company as safe and reliable, and in every respect worthy of our confidence and patronage.

H. M. PAINE, *Secretary.*

MEDICAL SOCIETIES.

Philadelphia County Medical Society.

The annual meeting of this Society was held at the College building, on Thursday, April 19th.

A code of medical ethics was reported by a committee appointed for the purpose, and recommended to the Society "as embracing most valuable suggestions in regard to proper professional conduct," and "in every way worthy and deserving of observance," which report was accepted and adopted.

An interesting case of tumor, the precise nature of which is unknown, was reported by Dr. Gilchrist, and the morbid growth exhibited to the members. This gave rise to a discussion in regard to the proper medical and surgical treatment of tumors in general.

A committee was appointed to collect reliable information in regard to the cholera, cattle plague, and cases of poisoning by eating infected meats.

The following gentlemen were elected officers for the ensuing year: President, Dr. Richard Gardiner; Vice-President, Dr. O. B. Gause; Treasurer, Dr. A. H. Ashton; Secretary, Dr

R. J. McClatchey; Scribe, Dr. B. W. James; Board of Censors, Dr. Jacob Jeanes, Dr. Walter Williamson, Dr. S. S. Brooks; Committee on Provings, Dr. Adolph Lippe and Dr. H. N. Guernsey.

The Society adjourned to meet on Thursday, May 3d, at which time "Tumors and their Treatment," will form the subject for discussion.

ROBT. J. MCCLATCHEY, *Secretary.*

HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND LANCASTER COUNTIES.—This Society held its eighth semi-annual meeting at the house of Dr. C. Preston, Chester, Pa., May 1st, 1866.

President, C. PRESTON, in the chair.

In the absence of the *Secretary*, Dr. JONES, Dr. R. C. SMEDLEY was appointed *Secretary pro tem.*

Minutes of last meeting read and approved.

Dr. Wood, on Committee on Publication, reported that he had got 300 pamphlets printed, containing an extract from Dr. Cooke's Address, and statistics of Homœopathy and Allopathy contrasted.

Dr. Wood read a memorial on the death of Dr. Henry Duffield, late of Oxford, Chester County, Pa. On motion it was adopted, and a copy of it ordered to be sent to the American Institute of Homœopathy.*

Dr. Wood was appointed to prepare a memorial on the death of Dr. Stretch, late of Salem, N. J.

Dr. Mercer reported case of Syphilitic Ulceration, with mercurial aggravation, in which Nit. ac., Tart. em., Thuya and other remedies were given with but little benefit, cured with Phytolacca decandria.

Dr. Wood reported case of Secondary Syphilis promptly cured by Merc. c. 1-10 and Hyd., Chlor., Am. 1-10, in 2 gr. doses, alternately every six hours.

Dr. M. Preston reported severe case of Syphilis with ulceration and destruction of palate bone, and partial destruction of lower jaw; various remedies employed; Fluoric acid. effected the best results. Also case of Marasmus cured by Ars., Hyd.

Dr. Wood reported case of Marasmus cured with Ars. met. and Calc.

Dr. M. Preston reported case of Scorbutis, sore mouth, cured with Cist. can.^{3} Also several cures with Kreos.^{30}

Dr. C. Preston reported case of Tumor of the breast of seven years standing, cured with one prescription of twelve powders of Con. mac.^{30} Also case of Uterine Hemorrhage cured with Cact. grand.^{30} A subsequent attack cured with same remedy.

Dr. Wood reported case of Uterine Hemorrhage cured with Apoc., Cannab.

Dr. C. Preston reported severe case of Camp-itch, cured by Rhus t.^{200}. Says he has been more successful with high than with low potencies, in skin diseases.

Dr. Smedley reported severe case of Tinea Capitis., cured with one dose Sulph.^{3000}

Dr. Johnson gave the treatment for Typhoid Fever, with which Dr. Gardner, of N. Y., says he cures nearly every case in a week, as follows:—Gels. in water every three or four hours, till fever has abated, then Quinine and Fer. prus., triturated together with Sac. lac., given every two hours. Also his cure for Asthma, viz.—Silphium lac. 3-10 three drops

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* This Obituary will be found on the next page.—ED. H. M.

on sugar every two, three, or four hours. Also "Fireweed," three to five drops on sugar, a specific for hemorrhage, and Macrotine for Dysmenorrhœa.

Dr. M. Preston related severe case of Rheumatism, cured in one night with "Blue scabish."

Dr. C. Preston related case of Inf. Rheumatism, in which Bry. alone, and Rhus t. alone, and the two alternately, did no good; Bry.^{200}, relieved, and Rhus t.^{200}, completed the cure.

On motion, Dr. A. Williams, of Phœnixville, was elected a member of the society.

Dr. M. Preston gave case of Insanity: Patient wild, would throw things out the window; relieved by Plat.^{6}

Dr. C. Preston read a communication from Dr. B. W. James asking this society to unite in forming a State Medical Society.

On motion the following members were appointed delegates to the State Convention, to be held at Pittsburg, on June 5th: Drs. J. B. Wood, Johnson, C. Preston, M. Preston, Mercer, Jones, Barden, Williams and Smedley.

On motion adjourned to meet in October, at West Chester, with Dr. Smedley.

R. C. Smedley,
Sec. pro tem.

OBITUARY NOTICE.

Since the last meeting of our Society, Henry Duffield, M. D., one of our oldest and most respected members, is no more. He died at the residence of his son-in-law, Robert H. Strawbridge, near New London, Pa., on the 5th day of December, A. D. 1865, in the sixty-fifth year of his age. The members of this association present at the last meeting, will remember the void created by his absence (for it was seldom so) and we were then informed that he was laboring under the premonitory symptoms of an approaching illness, which finally ended in his death; for he gave up the duties of his profession, and was removed to his son-in-law's on the 25th day of October, immediately preceding his death.

Doctor Duffield was born in the city of Lancaster, Pennsylvania, in the first year of the present century. His father, George Duffield, placed him in early life in Guy & Wiley's Institute in Philadelphia; and he was afterwards for some time in the college at Wilmington, Delaware; when on account of ill-health, at the age of seventeen, he went as supercargo on board of his father's vessel, sailing for Londonderry, Ireland. After his return, he was placed in the Theological Seminary at Princeton, where he remained for some time.

In 1822, he married a daughter of Dr. James Armstrong, of Carlisle, Pa.; after her decease in 1828, he established a

flourishing academy there, and married a second time in 1839.

A short time prior to the year 1850, the subject of Homœopathy attracted his attention, and being of an inquiring turn of mind, particularly of any thing that would tend to benefit the human race and lessen human suffering, he entered the Homœopathic College at Philadelphia, on the 26th day of November, A. D. 1850, and after attending two courses of lectures, graduated on the 1st day of March, A. D. 1852, with honor.

After his second wife's death, which took place in October, 1854, he removed to New London, Pa., and commenced the practice of homœopathic medicine, and continued there until April, 1862, when he removed to Oxford, Pa., where he remained in practice until prostrated with the disease which resulted in his death.

Doctor Duffield was justly held in high esteem in the community where he lived: modest, retiring, unostentatious, never thrusting himself upon the community.

He was a member of the Presbyterian church, and was sought after and placed in honorable positions, and was successively a ruling elder in the churches at Carlisle, New London and Oxford, Pa.

During his illness, he was sensible of his approaching dissolution, and frequently spoke to his medical attendants and those around him—that he had fulfilled his destiny, that his race was run, and that he calmly resigned himself to his fate.

He had all the attention that a dutiful and devoted daughter could bestow upon a devoted father.

As a practitioner he was much respected; he was prompt and attentive to his patients, and skilful in affording relief, and in all suitable ways a useful member of the Homœopathic profession of medicine.

Catalogue of the Homœopathic Medical College of Pennsylvania.—In reply to many calls for a catalogue of the College, we would state that it is intended to publish in connection with the nineteenth annual announcement, a complete catalogue of the graduates of this College.

P. S.—This Announcement and Catalogue is now ready.

NEW PUBLICATIONS.

A Practical Homœopathic Treatise on the Diseases of Women and Children.—Intended for Intelligent Heads of Families and Students in Medicine. By Henry Minton, M. D.

> Similia similibus curantur;
> Remedium singulum cuique morbo;
> Pars minima, sano homino tentato.

New York, Belock & Co., 1866, pp. 461. Royal octavo. For sale by all Homœopathic Booksellers and Pharmaceutists.

This is a very handsomely printed and most excellent work; and one which we think will be very useful. It contains a great deal of valuable information and instruction to parents and others, in physiology, hygiene and diseases; and in almost all cases gives sound advice. In these respects it is far in advance of every other popular Manual of Homœopathic practice. In a very few instances only, we notice medicines recommended to be given in alternation. This is however less often the case than in most other domestic works. We give a few extracts, which will convey a more correct idea of the piquant style and interesting matter of this treatise, than any amount of description.

The Dress of Children.—"Our climate, with its sudden vicissitudes of heat and cold, together with the exquisite method of our American mothers of dressing, or rather, I would say, of undressing their children—the low neck to show the beautiful contour of shoulders and of bust, the half-pants exposing the knee of small boys,—yet what beauty there is in a *boy's* knee I never could ascertain, but I presume they must be charming, or certainly they would not be left bare,—all these add their quota toward the full development of throat and lung affections.

"You can see, at any time, ladies wearing warm and comfortable dresses with high necks and long sleeves, sitting in the same room with their children who are almost naked.

The dear little creatures, their arms and necks must not be covered up, they looked 'so cunning' and 'so sweet.' Their dresses are made so low and loose about the neck that the whole chest, down even to the waist, is virtually exposed. Yet, mark you, as soon as the children grow older and therefore become stronger, and better able to bear exposure, they are dressed warmer. What inconsistency! Is it any wonder that children are more liable to diseases of the air-passages and lungs than adults?

"O, Fashion! thy potent sway fills many an infant grave!

"A distinguished physician, who died some years since in Paris, declared: 'I believe that during the twenty-six years I have practised medicine in this city, twenty thousand children have been carried to the cemeteries a sacrifice to the absurd custom of exposing their arms and necks.'"

A Systematic Treatise on Abortion. By Edwin M. Hale, M.D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College. Chicago; C. S. Halsey, 147 Clark street. 1866. pp. 347. For sale by all Homœopathic booksellers.

This is the most important Treatise on Abortion that has appeared in our language, since the publication in London, in 1847, of Dr. Jas. Whitehead's volume on the same general subject; and in all respects this new, American, Homœopathic work is far more complete and valuable than the older, English and Allopathic one. Under six different heads, Dr. Hale discusses the *Statistics, Etiology, Processes,* and *Treatment* of Abortion; *Obstetric Abortion,* and the *Jurisprudence* of Abortion. The reader will find nearly every possible subject connected with Abortion amply, and even profusely discussed in this work. The doctrine taught by Dr. Hale of the duty of the physician in respect to the various relations he may be called upon to sustain towards cases of this kind, is sound and correct. Almost the entire Materia Medica, new remedies and old, is summoned for use, in this work; and in an equally wide range of preparations, from the mother tincture or first decimal trituration up to the 30th, and the 200th.

The work is embellished by two very fine colored plates; one of section of the body through the pelvis, showing the relative positions of the interior organs; the other the ulcerated cervix uteri as seen through a speculum. The summary of the law of this and other countries on the subject of criminal abortion, adds greatly to the value of the work.

An Epitome of Veterinary Homœopathy, compiled from Haycock, Moore, and others, and adapted to the use of Farmers and Breeders of Stock. Chicago, C. S. Halsey, 147 Clark street. 1866.

This is a neatly printed manual of 80 pages; and briefly notices the principal diseases, and mentions the more usual remedies for them; but its usefulness is much diminished by recommending *alteration*. In many persons most successful in the treatment of the diseases of horses, we have known the remedies to be invariably given singly.

In *Purpura Hæmorrhagica*, both lachesis and sulph. acid, two most important remedies in such affections, are omitted. *Retention of Urine* in the male horses, from becoming foul, and other causes,—to which some horses are habitually liable,—is almost unnoticed; and the blank page might have been filled with information in this respect for which many a horse owner would have been truly grateful. *Apis* is not mentioned. In grease and other skin diseases, *Rhus t.* should not be forgotten. In the coughs of horses who have taken a very bad cold (pulmonary catarrh),—where the animal coughs as soon as compelled to trot, but can walk without causing cough; and where there is breaking of wind per anum with almost every cough, I have found *Nux vomica* invaluable.

Valedictory Address delivered at the Sixteenth Annual Commencement of the Hahnemannian Institute of Philadelphia, February 27th, 1866, by J. Heber Smith, M. D., of Malden, Mass.

This Address received at the time great praise for the beauty of its style, for its interesting and thoughtful material, and for the admirable manner in which it was delivered. It is a scholarly production, said by a literary gentleman not connected with the profession, to be the finest thing of the kind among very many that he had listened to; and will well repay perusal and preservation. We wish its young and talented author all the success in life of which this beautiful address gives bright promise,—and long may he live to enjoy his success.

The Popular Homœopathic Journal, Elgin, Illinois. We have received the first three numbers of this journal, which is "devoted to the dissemination of the truth, a popular exposition of the principles of Homœopathy." Edited and published by C. A. Jæger, M. D., at Fifty cents per annum.

Cholera Statistics.—We would invite the attention of the Homœopathic profession to the very great importance of obtaining, *full, complete* and *amply-attested statistics* of *all the Cholera cases which may occur,*—as well those treated Allopathically as those treated Homœopathically. If the Cholera should make its appearance we may *thus get good out of evil for humanity.*

Cholera. By Dr. Joseph Buchner. Muenchen.

Dr. Buchner calls attention to the administration of remedies during the collapse. He says that Cuprum corresponds with the erethism, Nicotin with the torpor. The pulse becomes slow and intermits under Nicotin, the vomiting is renewed as soon as the patient moves, the region of the liver is tender to the touch, the lower extremities are cold, tingling sensation in the legs, perspiration clammy and cold, while the skin is warm. Burning in the stomach, pressure in the kidneys.

Dr. Buchner says on page 27, the allopathic physicians find a great similarity between Cholera and Arsenic disease; we find the most pointed differences between them.*

Dr. B., says that Colchicum has more similarities to Cholera than Arsenic, and calls attention to Unsim's proving of Colchicum.

As to the dose, Dr. B. says "the dose must be large enough to cure, and small enough to prevent additional sufferings from the remedy." Dr. B. further says truly, "it may be advantageous to give one remedy after another, as the symptoms change, an alternation is objectionable and a mixing must absolutely be rejected."

Delegates to American Institute of Homœopathy.—At a regular meeting of the Homœopathic Medical Society of the city of Philadelphia, held May 17th, 1866, James H. P. Frost, M. D., B. W. James, M. D., R. McClatchey, M. D., Horace Homer, M. D., W. H. H. Neville, M. D., were appointed delegates to represent the Society at the ensuing meeting of the American Institute of Homœopathy, and to the convention of homœopathic physicians, to be held in Pittsburg, June 5th, to organize a State Society.

ROBERT McCLATCHEY, *Secretary.*

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* Dr. D., of the British Journal, would enlighten his brethren by just translating that short article for them.

THE

HAHNEMANNIAN MONTHLY.

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THE ARRANGEMENT OF THE MATERIA MEDICA.

BY AD. LIPPE, M. D.

THE remarks on Kali bichromicum, in the first number of this journal, have caused our transatlantic colleague, Dr. Drysdale, to express himself on the subject of "The Arrangement of the Materia Medica," in the April number of the British Journal of Homœopathy. Some further discussion of this important subject will much facilitate the correction of any erroneous ideas and fallacious views which may be held by one or the other.

At the outset we shall probably agree on one important point, which, however, I shall express in a manner somewhat different from the more general statement of Dr. Drysdale, viz.: The ultimate ratio in Homœopathic practice must always consist in the selection of a curative agent whose characteristic symptoms correspond with those of the patient. If we accept this proposition, we cannot be understood as necessarily including with it certain other principles, such as that of absolute faith in Pathology, or of mistrust in the Materia Medica, or that the minimum dose is always a high potency. But this proposition most certainly does exclude all *a priori* alternation, whether well-regulated or entirely arbitrary; and

for the simple reason that we can never, by such alternation, cover the totality of symptoms by remedies which have not been proved in alternation.

Those physicians who hope and try to find the characteristic symptoms of the patient through the medium of pathological knowledge, have at least some prospect of success. Since, in many cases, the characteristic symptoms will consist in the result obtained by deducting all the symptoms generally pertaining to the "disease" with which the patient suffers, from those elicited by a thorough examination of the case. If then we find a medicine covering these characteristic symptoms,—which are usually the minutest,—and if at the same time the medicine so found covers also the symptoms generally pertaining to the "disease," we shall have accomplished our whole aim.

In order that we may be more clearly understood, we will illustrate the proposition by an example. The patient is attacked by Asiatic Cholera. All the characteristic symptoms are present; but in this particular case, there is also present an unusual noise in the intestines, as if a fluid were emptied out of a bottle; the discharges come away with a gush. Of what pathological value these two symptoms are, we know not; therefore, this unfortunate ignorance of ours prevents us from drawing from them any indications for the cure of the patient. Still they form a part of the totality of the symptoms which we must cover. Deducting from the totality of the symptoms those common to the "disease," we are in possession of *the characteristic symptoms of the patient*, not of the disease. We now find that those two symptoms are also characteristic of Jatropha curcas, and that this remedy has at the same time caused symptoms corresponding with the general pathological conditions. We, therefore, select this remedy as the one most Homœopathic to the case, and with it most likely cure the patient. But had we been strict pathologists, with absolute faith in Pathology and a corresponding disregard for the written word of the Materia Medica, we should not have individualized, but simply set aside

these apparently unimportant and trifling, though unusual symptoms, as being of no pathological import whatever. And falling into the same erroneous habit of generalizing, with the physicians before the time of Hahnemann, we should have been satisfied to treat the "cholera" and administer medicines singly, in alternation, or in massive doses, in a manner not likely to add to the comfort or facilitate the cure of the patient.

Again, suppose we have to treat a case of diphtheria, in which are present all the symptoms generally supposed necessary to constitute "diphtheria,"—and that the patient at the same time complains of a violent, stinging pain in the left ear, extending to the same side of the head and neck, with a painful swelling on the neck,—and that we find this unusual and hitherto unobserved symptom among the effects reported to have been cured by Kali bichromicum. Now, if the other symptoms common to diphtheria are also to be found under this remedy, we have no right to reject this symptom; our "reasonable doubt" is quite in the way. And, furthermore, if in this case, all other seemingly similar remedies have failed to arrest the disease, it seems to me that we should not render ourselves liable to be charged with an unreasonable amount of credulity, if we recur to the teaching of the Master, and, true to our avowed principles, give this remedy. And if the patient recover under the influence of a very small dose of it,—the minimum dose (just sufficient to cure),—this should in no way deter us from fully acknowledging the correctness of the observation of the prover!

And the fact that others may have cured the same disease with larger doses when this particular symptom was not present, does not invalidate our observation. For this symptom proves to be a valuable indication for this remedy,—and will become still more so, when we find other patients affected with the same symptom, but who do not suffer from diphtheria, also recover under the beneficent and truly Homœopathic influence of the same remedy. Had we, on the contrary, entertained an unreasonable doubt, and set this

symptom aside, our observation of its truthfulness could not have been made, nor the way opened for its being substantiated by further experience. But here we beg leave to be indulged in the hope that those who make the experiment will give a minimum dose, if they honestly wish to test the correctness of this observation of ours; and we earnestly protest against any other mode of testing our published observations of facts.

In order that we may find the similar remedy for the cure of the patient, we must, as Homœopathicians, be in possession of a knowledge of the effects of medicines on the human organism; we must have provings of medicines,—we must have a Materia Medica. And we now arrive at a point at which, so far, we do not agree with Dr. Drysdale. Whether we shall admit into the Materia Medica all those symptoms which have any *prima facie* evidence in their favor,—or whether we shall reject all those upon which any reasonable doubt can be cast. For argument's sake, we will accept Dr. Drysdale's comparison of a light-house,—which, if alone and truly placed, guides the mariner safely to port; but which if placed near a false light, from which it is incapable of being distinguished, will either lure him to destruction or lead him to seek safety in disregarding it altogether, and compel him to fall back upon the more general aids of navigation.

There was a time when but few light-houses warned the mariner of shoals and sand-banks, and guided him safely to port; there was a time when but few nautical instruments were used, and comparatively little was done in navigation. But with increasing commerce came more frequent losses of ships, and with higher scientific attainments a superior class of nautical instruments was brought into use, more and better light-houses were erected, and more accurate charts prepared. But the old and weather-beaten mariner does not keep pace with the times; he neglects the more recent instruments with whose use he is unacquainted; he disregards the modern charts, whose very language and meaning

he does not understand; thus he has no means of distinguishing the true lights from the false, or of recognizing the true light when he sees it, of knowing what it indicates and what exact course it calls for. Thus his veneration for old things and modes of action, and his utter ignorance of and disregard for progressive means and methods, will compel him to depend upon the older and now totally inadequate aids to navigation, and so finally lead to his destruction.

How exact is this description of what has happened, and of what, if the same causes remain in operation, will continue to happen, in Homœopathy. And adhering strictly to Dr. Drysdale's argument, let us illustrate the closeness and correctness of the comparison. At the outset, the early Homœopathists diligently studied the Materia Medica, learned to employ one medicine after another as Hahnemann published them,—*and made great cures.* Subsequently the Materia Medica was not so diligently studied; and whether they used the older and best proved, or the more recent (and some of them also well-proved) medicines, the physicians of the new school met with disappointments which gradually increased in frequency. Thus, as Dr. Drysdale truly remarks, they learned to distrust the reality of the minute symptoms, and finally left off trying to cover the symptoms accurately, falling back upon the more general pathological and clinical indications—in short, the practitioner became a mere "*specificker.*" Like the mariner, they neglect to acquire the knowledge which advancing science and progressive investigations have spread before them; the charts are disregarded; the Materia Medica in all its minuteness is of no use to them; the light which it sheds all around,—but which is perceptible and so useful to those only who understand it,—*can never illuminate the negligent.* The same new and numerous lights which lead the intelligent mariner safely to port, and enable the diligent student to make great cures,—will but lead the bewildered "ancient mariner" to destruction, and the "specificker" to disappointment. Just as the ignorant mariner complains of false lights, so the disappointed "specificker"

complains of false and unreliable symptoms. While in reality the symptoms thus presumed to be false, will enable those who understand their true value to make great cures; just as the so-called false lights will safely direct the well-informed mariner to the desired haven.

While Dr. Drysdale expresses his extreme desire for a revision and purification of the *Materia Medica;* he does not clearly indicate how it is to be done; and while inclined to reject all symptoms upon which any reasonable doubt can be cast, he fails to explain what he really understands by a "reasonable doubt." That his own individual mode of rejecting symptoms is erroneous, we endeavored to show by reference to the ear-symptoms under Kali bichromicum. But with all due deference to the great industry with which the doctor has laid before the English reading public, his work on *Kali bichr.*,—which lies on my table, handsomely bound, and which I have used again and again,—I wish at present to call his attention to a few important omissions and to inquire what reasonable doubts he could have found for thus consigning to oblivion some of the most characteristic symptoms of this remedy.

The formerly quoted symptom of Kali bichr.,—"violent stitches in the left ear extending into the roof of the mouth, into the corresponding side of the head and same side of the neck, which was painful to the touch, and the glands swollen," which enabled me to cure a desperate case of diphtheria, has now been verified by others. Dr. J. B. Bell (Hahnemann. Monthly I., p. 183) says: "By means of Dr. Lippe's verified symptom of Kali bichr.,—'sharp stitches in the left ear,' &c.,—I have quickly cured three cases of diphtheria." Dr. Bell does not mention the dose.

In this connection I have ventured on still further testing the extent of the action of this remedy. A patient came under my care from the hands of a physician, who did not diligently study the Materia Medica, and who was guided rather by the oil-lamps of pathological observations and clinical indications. It was a child ten years of age, who

had been under treatment three weeks for "scarlet fever,"—but was now suffering from hydrothorax, &c. The little patient soon became better; but after a few days of apparent convalescence, she spent a sleepless night from violent stitches in the left ear, extending to the head and neck. In the second week of the scarlatina, the same symptoms had before occurred, the neck swelled up, an abscess formed, which by the aid of poultices and the lancet was opened; the incision so made had never fully closed. Now the patient was otherwise convalescent; the kidneys performed again their long-suppressed function; but both the painful left ear and also the right, discharged a great quantity of very offensive matter. Kali bichr., 200th, two doses, at an interval of five days, cured the child perfectly,—and months passed without any complaint.

There are no indications in the provings that Kali bichr. would cure otorrhœa; but the previous symptoms not cured, only suppressed, and now returning, induced me to give this remedy.

The following symptoms I am unable to find in this work:

1. It appears to him as if an acid, acrid fluid were flowing from the posterior nares over the palate into the posterior wall of the pharynx, causing him to cough (Wachtel). This symptom has been verified very often.

2. The posterior wall of the pharynx is dark red, smooth (glossy), distended, traversed by small, bright red vessels; in the middle, a little to the left, is a small crack from which blood oozes (Wachtel). This symptom is a unicum; and has also been cured by Kali bichr.

3. After urinating, burning back in the urethra, with sensation as if a drop of urine were retained there and desire to press it out, which it was impossible to do.

But to come to the point in question—"*What constitutes a reasonable doubt?*" We may have reasonable doubts as to the correctness of an entire proving,—which may cause us to investigate the manner in which the proving has been obtained. The falsification of a proving, has been attempted

and detected: in such cases the reasonable doubt became a substantiated fact. In Dr. Drysdale's case, in so far as his rejection of symptoms of Kali bichr. goes, I hope to have shown that his doubts were not reasonable, but premature. In the hands of a sceptic, the balance of probabilities proves fallacious.

But if we have a reasonable doubt as to a particular symptom, can we rely upon pathology to settle the balance of probabilities? The only true and safe method of ascertaining the correctness of a symptom, observed either in a prover or (clinically) in a patient, is to use the remedy when indicated by such symptom. Thus the question can be definitely settled.

When we examine a patient according to the plan and directions proposed by Hahnemann in the Organon, we note the locality of all the objective and subjective symptoms. Having thus obtained an array of symptoms presenting a full portrait of the diseased condition of the patient, what have we to do with symptoms stated by the patient, but which are not so fully understood as to be of any pathological value? A Hahnemannian admits them all, because he individualizes. The strictly pathological explorer rejects symptoms which appear strange to him, and upon which he casts what seems to him a reasonable doubt. He calls them trifling, imaginary, unimportant,—so they seem to him. He is bound to make up a full pathological picture; nothing less will please him, and outside of this imaginary unit, nothing will be accepted. He generalizes; the totality of the symptoms is neglected; and so is every thing else which is characteristic of pure Homœopathic practice. And in like manner, as we are not allowed to reject arbitrarily any one of the symptoms given us by a patient as the conscious, sensible, external manifestations of the hidden disease, and as the individuality of the patient will most certainly modify, alter and change the symptoms of the disease, and as surely as those symptoms caused by his individuality (and often not comprehended by

the pathologist and so deemed of no value) are the most characteristic ones and the most likely to give us true indications for the choice of the remedy,—so, if a prover presents us with the result of his investigations in the shape of symptoms strange to us, we have no right to raise the question as to "what amount of evidence is needful to make their truth probable." If a remedy is proved by many we have a perfect repetition of our observations in disease.

Among the many persons affected by a particular disease, or remedy, all will unite in a few very general complaints (symptoms common to all);—but in most respects their respective individualities, temperaments, ages, sex, condition and circumstances in life, will modify the disease on the one hand, and the results of the provings on the other. This being the case, Pathology, observing only the generalities (the common or universal symptoms, generalizing) assumes exactly the position of the old Materia Medica. In our Materia Medica, on the contrary, we must individualize. We must refrain from making, with the pathologists, abortive efforts to generalize. We must not put the allopathic livery on our young giant, and expect him to cease growing, or cut him down to fit this antiquated livery out of respect to the Old School to which alone it belongs.

Retaining then all the symptoms, not allowing ourselves to be frightened by their number, and allowing experience alone to decide where we entertain "reasonable doubts,"—the next question arises, "*How shall we arrange this Materia Medica?*" Experience will settle this question also by and by. No doubt the diligent student of the Materia Medica would like to be in possession not only of the schema upon which we may agree, but also of the detailed reports of the provers. Common sense will lead us to make such a work practical,—so to arrange the symptoms that the busy practitioner can readily find them. Common sense will protest against any arbitrary "sifting" or purification. Until the coming of the time when such a complete Materia Medica can be published, we must content ourselves with the scattered

provings. Upon his first entrance upon the study of the Materia Medica, the student requires a smaller work, containing the characteristic symptoms of the numerous remedies already proved; and the mastery of such a work will enable him, by and by, to make good use of a complete Materia Medica.

The plan adopted by Dr. Dudgeon, in arranging the Kali bichr., is certainly most excellent,—its execution is another thing altogether. And without going into any criticism of this work, we may be permitted to express the hope that, should other medicines be arranged in like manner, reasonable doubts may not supervene; and that a Complete Repertory may present a fuller and more accurate statement of the "correspondencies;" and that such omissions as appear under Kali bichr., symptom 87, where Colchicum is unceremoniously left out, may be avoided.

Before agreeing upon a plan for arranging the Materia Medica, we should first come to a perfect understanding as to what portion of the symptoms at present recorded in the various medical works, should be accepted, or what provings and what clinical observations should be rejected? This point settled, we may proceed further and agree upon a plan, first for a Materia Medica; and when that is completed, we may hope also to be able to agree upon a schema for a Complete Repertory.

As the practical test to which we subject a new proving, symptom or clinical observation must decide its truthfulness and reliability, and dissipate or confirm all previous doubts,—so only shall we be able to judge of the value of all proposed schemas for the Materia Medica, and for a Repertory. And when we receive them and put them to the practical test of experience, let us do it without reasonable doubt and without prejudice. Why has the Pathogenetic Cyclopedia, for instance, only shown its "head?" The arrangement is very good indeed: but the execution! Can we rely upon it,—what does experience say? Good works, with less elaborate, and it may be with a less complete and commendable plan,

will live and be appreciated, while works on the most complete plan badly executed will be forgotten. Let experience then decide, and let us come to an understanding and agreement that a good work may be begun. But in order to this, the indefatigable Dr. Drysdale should clearly explain what constitutes a reasonable doubt sufficiently strong to authorize us to set aside a proving, or part of a proving, or a single symptom.

And let us try to do this great work as speedily as possible, since neglect to study diligently the Materia Medica must lead us into by-ways; and surely the signs of the times are written on the wall—vide British Jour. of Hom., Apr., 1866, pp. 344–5. If such an article were presented to a Homœopathist on this side of the water, it would be apt to be returned, with the endorsement, *good* for the "Lancet!" The House Surgeon of the Homœopathic Hospital comes in for a share of the Copaiba glory—where is the "reasonable doubt" as to the correctness of such old-fashioned practice; and what has become of Homœopathy and Homœopathic principles on "the other side?"

CLINICAL STUDIES OF SOME DISEASES OF THE EYE.

BY JAMES B. BELL, M. D.

(*Concluded.*)

THE following cases are given only as representative of a class of affections which is probably of more frequent occurrence than any other, and of which the treatment has not been wholly satisfactory.

Asthenopia,—Hebetudo Visus,—has put a sudden check upon many bright hopes of success at school, in college, in the arts or in active life, by condemning many promising intellects to years of "rest" and mental inactivity,—through the well-meant advice of ophthalmologists and physicians. It

may be defined as that affection in which the eyes cannot be used upon near objects without inconvenience and pain. It is well described by Donders* under his first class: "All work on near objects causes either pain or an exceedingly unpleasant feeling; sometimes also redness; blinking with the eyelids; disposition to close the eyes, &c., so that it becomes necessary to suspend the work, whereby the symptoms are gradually ameliorated. Sometimes the symptoms become more permanent, and are then very obstinate. Vision has the normal acuteness. The range of accommodation is also normal, even with pain and weariness of the eyes. * * * As to the nature of this affection, I can offer no satisfactory hypothesis."

An excellent description is given by Dr. Dyer† (of Philadelphia), from which I quote. "The patient never complains of being obliged to suspend the use of the eyes while reading, from the letters becoming indistinct or the words running together; but it is either absolute pain in the eyes themselves, or a sensation so disagreeable that he at once ceases to use them. The pain or sensation lasts generally for several hours, often over night, and sometimes for several days. The mind has a great influence upon the length of time the eyes can be used without feeling the pain. I have known ladies who could read a long letter from an absent husband, or others in whom they were particularly interested, when they could not read half a page from a book or an indifferent correspondent. The amount of use these patients can bear is very inconstant. Sometimes they can read for half an hour, and the next day or week they cannot bear the sight of a book, and dread any attempt to use the eyes. There is generally some intolerance of light—especially of gas-light, which is not dependent on the use of the eyes. They can bear the light if excited, and can often go to the opera or a party without feeling discomfort at the

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* Archiv für Ophthalmogie, Bd. 4, Abst. I. S. 330.

† Transactions of American Ophth. Soc., Second Annual Meeting, p. 28.

time; but the next day or two they suffer the penalty. At home, when there is no excitement, they avoid the light. It is mostly found in persons under thirty years of age. It is restricted almost entirely to persons of the better class of society."

Dr. Derby* (of Boston) remarks: "It is as little understood in our day as when Donders first wrote in 1858, and when firmly fixed as little amenable to treatment, an *ignis fatuus* among ophthalmic affections, in one case inherited, in another the result of imprudence, often absent in the invalid and present along with the most vigorous health,—a complete enigma as to its seat, its cause or its cure. More common, I think, in this country than in Europe, and, as far as my observation reaches, more commonly met with in the East than in the West, decreasing in frequency of occurrence as we withdraw from the Atlantic seaboard. I have carefully collated the cases of Asthenopia occurring in my private practice, and out of 1,800 recorded cases in general ophthalmic practice, I find 241 belonging to this class."

As the chief means of cure, Dr. Dyer proposes and practices *the systematic use of the eyes*—or, as he calls it, the gymnastic exercise,—beginning with from 3 to 15 minutes reading of good clear type, medium size, in the morning; if no pain follows, a minute more at noon, and one more toward night; and so by gradual increase stopping short of pain every time he proceeds until the patient reaches an hour and a half three times a day. I should add he also aids the eye by appropriate glasses.

Dr. Delafield† (of New York) says: "Every case that has come to me has been told, sometimes by medical friends, sometimes by others, 'rest your eyes and you will get well.' I never saw a case get well by resting the eyes."

It is time that the uselessness of rest in these cases were understood by all. I have only quoted these eminent specialists to impress this fact more strongly. I have no doubt

* Transactions of American Ophth. Soc., Second Annual Meeting, p. 40. † Ib., p. 36.

that the system described by Dr. Dyer is the true hygienic one, but it is of course insufficient to remove the deep primal cause which *we* recognize for all such affections. Only the true Homœopathic similimum—*in a highly potentized form, and long undisturbed in its action,* can do that: and it *will* do it satisfactorily and even brilliantly in the great majority of cases. The only exceptions are those where the symptoms are so few or so general that it is difficult or impossible to find the similimum.

Case II. Miss R., a young lady of seventeen, dark blonde, hair inclined to auburn, fresh and clear complexion, well developed, consulted me May 25th, 1865. Six months before, while at boarding-school, her eyes began to be sensitive and "weak," and after a time she awoke one morning with what seemed to be a severe attack of conjunctivitis, great pain and intolerance of light, profuse lachrymation, &c. She went to her home, where the conjunctival symptoms soon subsided. She had Allopathic treatment nearly up to the time when I saw her, but the following condition had been constant: on attempting to read the eyes fill with tears, the letters running together.

Severe smarting in the eyes as of soapy water.

Eyes feel swollen, as though she had been weeping.

A mist before the eyes, obliging her to wipe them.

Indescribable pain in the eyes, produced by using them, or by exposure to much light—daylight or artificial.

Eyes feel better after sleeping.

Entire rest relieves the symptoms for the time.

General symptoms were:

Very easily heated by exercise, causing rush of blood to the head, but making the eyes no worse.

Much dull pressure in back of the head and forehead.

Drowsy and sleepy all the time; sleeps very soundly, and wakes with dull headache, going off in the open air.

During last five years has had five attacks of extreme vertigo, producing unconsciousness. (Epilepsy?) Supposed to arise from a fall she had five years ago.

Much vertigo.

Very excitable and "nervous."

Much burning under the right shoulder-blade.

Menses regular but rather scanty.

Conjunctiva palpebraris somewhat injected.

Opthalmoscopic examination shows the retina and optic nerve somewhat congested.

The presence of the slight mistiness and the running together of the letters might tend to place this case in another category, but the prominent and constant symptoms are those of Asthenopia. If a retinal affection has also been cured, then a graver disease has been removed. From a therapeutic point of view, we desire no diagnosis. It is only for the pleasure of knowing what we cure.

The characteristic symptoms of this case are found only in the provings of Croc. sat. Those most prominently characteristic are—

"*He cannot read a word without a quantity of tears rushing from the dim eyes.*"

Sensation in both eyes as if she had been weeping a good deal.

Her eyes see through a mist. She has to wipe them, the sight thereby becoming clearer for a moment.

Lachrymation when reading may be thought to be a very general and not at all a characteristic symptom, which is the fact when it occurs in acute conjunctivitis; but it is not a fact when it occurs in an internal affection of this kind.

It is then *characteristic* of Crocus. I have observed it frequently in persons under 20 years.

May 25th she received one dose of Croc. 200, Jenichen; dry on the tongue, with no change of her diet or habits of life; and was directed to use her eyes as much as she could without pain, which, however, was very little.

Fourteen days later she reported that during the two first days her eyes pained her very much, "felt as though they would come out of her head," (the effect of the ophthalmoscope or an aggravation,) but since that time she had

improved and was able to read some, and practice music a little.

She reported once in fourteen days for three months. The medicine was not repeated. There was constant improvement. It was four months before the vertigo and drowsiness were all removed. The excitability remained, and is doubtless natural.

Eight months after the first prescription she returned to report a slight return of the symptoms of the eyes during the last five weeks, from overtasking them. They were the same as before, and she received one dose of Croc. 1000—Jenichen—which removed all the symptoms in two weeks.

Case III. Miss C., aet. 32, rather light blonde, well developed, erect, active; has had the present affection seven years or more. Was treated about two years by a Homœopathic physician who was using low preparations in frequently repeated doses. The treatment relieved her, but the symptoms would quickly return upon discontinuing the medicine, and she had ceased to hope for any thing better.

Can use the eyes as well as ever for a short time, then has a feeling as of numbness in the back of the eyes, which also feel too large and strained. Has also a feeling of numbness down through the top of the head to the back of the eyes.

Much headache, through forehead and eyes, a throbbing pain; aggravated together with the symptoms of the eyes by riding in the sun or wind; relieved by bathing with hot water.

Light aggravates all the symptoms.

Mental anxiety does the same.

Is "nervous," cross and irritable.

Is easily made anxious. Has feared she would be blind or insane.

Can sleep but little.

Sleeping relieves all the symptoms.

When viewed with the ophthalmoscope the retina appears rather pale, otherwise perfectly normal.

The nervous excitability and inability to sleep led me to

give her one dose of Coffea c. 200, as preparatory for a deeper acting remedy.

She received it October 9, 1865.

October 30, twenty-one days later, she reported so much improvement that nothing else was given,—but was furnished with one powder of Coff. 200, to be taken if she should again become sleepless and nervous.

December 11, sixty-three days from the first dose, reported had been obliged to watch with a sick friend, with much anxiety, and was somewhat worse, but not as bad as before Desiring to observe the full effect of Coff., which had accomplished much more than was expected, she received two or three powders more—one to be taken when she could not sleep.

January 31, 1866. Remains better, but has not improved any. The sensation of numbness is less, but continues. Retina less pale.

This sensation is "strange, characteristic and peculiar" to this case, and has long since indicated the Homœopathic remedy, which has only been held in reserve in order to observe the Coffea.

That remedy is Platina, of which she received one dose, 200th of Jenichen.

March 22, after fifty days, "eyes and head now feel perfectly well;" not affected by riding 16 miles to-day in a bright sun shining on newly fallen snow; but any use of the eyes upon near objects by *artificial light* reproduces, to some degree, the old symptoms, and I now learn that the trouble first came on during long use of the eyes by gas-light.

This ability to bear strong day-light, with sensitiveness to artificial light, is certainly sufficiently peculiar.

It is not very rare, however, except in this marked degree, in which it is very characteristic of Lycopodium. R. Lyc. 6000, 1 dose.

April 18. Is better able to bear artificial light, and steadily improving. Uses the eyes freely by day-light and hardly thinks of them at all. Sleeps well.

CLINICAL OBSERVATIONS.

SARRACENIA IN TUBERCULOSIS PULMONALIS.

[Translated from Vol. 4. No. 5, of Le Dispensaire Hahnemann.]

St. * * *, a lamp maker, at the station of Marchiennes au-Pont, had never been ill since a severe attack of small-pox which had left innumerable pits. At the end of the winter of 1863 he was attacked with a cough, probably from cold; he consulted several physicians, who merely relieved the cough with astringents; alarming hemoptysis appeared—the last attack took place at Easter of the same year. Tired of the ordinary remedies, he was induced finally by some friends to try Homœopathy, and came to see me early in June, 1863; his symptoms were, extreme emaciation from the commencement of the attack; alternate chills and heat in the evening, followed frequently by copious perspiration after midnight; gradual loss of physical strength, discouragement, malaise, and great irritability. Frequent cough, hollow, caused by a painful tickling in the larynx, extending to the principal ramifications of the bronchia; abundant expectoration of mucus of different quality, but generally heavy; temporary eruptions of purulent pimples on the anterior part of the chest; cough more frequent in bed; impeded respiration after walking some little time. Chest thin; the part under the right clavicle sunken and flattened; almost a complete immobility during the respiratory motion; great diminution of elasticity and sonorous sound. Upon auscultation, less respiratory noise, strong breathing, equally audible behind; resounding voice; mucous rale, large,—similar to a gurgling in the surrounding parts; some dry crepitating rale, hidden in a measure by an abundant quantity of humid rattle. These were the symptoms dis-

covered by auscultation and percussion. The digestive functions were very much in their normal state, though subject to frequent changes. Such was the state of the patient. Some of the symptoms indicating Hep. sulph., I gave three doses of this medicine, one to be taken every four days in the evening, two hours after supper. Each dose to be taken at once in six spoonfuls of water. There was no change worthy of note during the first few days, but towards the tenth day, particularly after taking the third dose, the patient wrote to me that he felt much better, and that complete changes had taken place in the disease. Cough positively less,—also the expectoration; the fever was more irregular; the digestive functions had returned to their normal state; finally there was a general amelioration experienced; the pimples on the anterior of the thorax were so increased as to cover nearly the whole chest. This was one of the the most favorable symptoms, the importance of which I had experienced in a case almost similar, that I published in reference to the effects of the "Sarracenia purpurea" for eruptions of the skin. On the 22d of June I sent him four doses of Sacch. lactis, to be taken like the doses formerly given.

July 12th. The patient came to see me. I will describe the state in which I then found him: Complexion more clear, more animated—a general expression of re-awakened vital activity; digestive functions in a very satisfactory state; the attacks of fever completely gone; no cough of any account during the day, but frequent on awakening, followed by spittle two or three times, thick, yellow, or greenish; breathing easier, and less dyspnœa. The symptoms revealed by percussion showed very slight modifications in the affected organs, but the drooping of the clavicle was less, the corresponding muscular mass better filled, and the thoracic motion during inspiration had lost its first immobility. Auscultation gave more important changes; the congestive fullness or choking around the cavity was much less, and I noticed but a few humid crepitations where I had five weeks previous found numerous anomalous noises.

The breathing of the former days was better heard, the sound being no more hidden by a choking noise, the cavity was drying, and perhaps with a tendency to heal. The thoracic eruption continued, but with less intensity. I was surprised at the remarkable change obtained over a disease that so often baffles even the richness of our therapeutics.

My indecision was great. Should I leave the patient under the influence of the first medicine, or should I give it in a higher or lower potency? or would it be better to seek another remedy more Homœopathic to the state of the patient? all these questions presented themselves rapidly to my mind, and finally I decided to let experience guide me in this momentous question. We were at that time experimenting at the Dispensaire Hahnemann, of Brussels, on the effects of Sarracenia on diseases refractory to the action of Homœopathic means. Pulmonary phthisis and bronchial affections constituted the greatest part of our dispensary cases, we were enabled therefore to obtain a certain knowledge of the effects of Sarracenia in the affections which so occupied us. Careful study had proved to us that this medicine produced great beneficial results, sometimes unexpected cures in this disease when joined to or depending on a psoric state.

Dr. De Wilde, physician of the Homœopathic Dispensary of Tirlemont, had assured me that he had completely succeeded in arresting the expectoration in a patient attacked with phthisis in the third stage, and with two immense cavities. These considerations and the positive action of Sarracenia manifested daily by a clinical experience in eruptions of the skin, analogous facts in my own private practice, and my certain opinion that St. * * *'s phthisis was caused by psora—all these considerations decided me; and I chose Sarracenia as the most beneficial to my patient. To destroy psora, dry and heal the cavity, were the three inducements which decided me in the choice of the remedy. I gave one vial of Sarracenia^{30}, 3 globules to be taken every four days, with instructions to inform me immediately of any change.

Six weeks after I heard from a friend of St. * * *, that the improvement continued, and I heard no more of him until the 30th of October, when he came to visit and thank me for the care I had given him. I examined him then attentively, and could find no traces left of his malady. Two years have elapsed since I treated this interesting case. I had an opportunity on the 3d of December (inst.) of seeing him. I examined attentively the right lung, and found no traces of his former illness; he informed me that from the end of October, 1853, he had enjoyed most excellent health. This fact is important for many reasons, as it establishes: 1st. The manifest action of "Sarracenia purpurea" in pulmonary affections, particularly when caused or co-existing with a state of which psora is the origin. 2d. Its especial action on bronchial secretions, made evident by clinical experiments authentically proved. 3d. Its particular action on the external integument, no matter in what form it is attacked. The observations we have published in this journal establish in a formal manner its specific action in varioloid, varicella, and variola; its efficacy in psora, either administered alone or after sulphur; in divers eruptions subsequent to the innoculation of vaccine; in certain cases of otorrhœa and scrofulous ophthalmia; in odontalgias; in short, in most mucous running not yielding to the usual indicated treatment. We have now positively established this by experience; it is truly an established fact, for we have cured radically serious cases of leucorrhœa that had resisted all other treatments. Finally we add to this the knowledge of its constant effect in increasing considerably the urinary secretion of the patient under its influence. This last symptom we affirm as belonging to the pure effects of Sarracenia witnessed in Germany on animals; the urinary secretion was greatly increased, and coincided at the autopsy with a permanent congestive state of the genital and urinary organs.

Dr. L. G.

Brussels, December 15th, 1865.

[The above is given in testimony of the efficacy of Sarracenia in the cure of disease. The previous statement that this extraordinary plant has cured cases of small-pox, would at once call our attention to its medicinal powers. It is very desirable that we should proceed in true Homœopathic style, and subject it to provings on the healthy, and there is no doubt we would soon learn when to give it with certainty in eruptive and lung diseases.—Ed. H. M.]

CONIUM MACULATUM IN TUMOR OF THE BREAST.

BY C. PRESTON, M. D.

Mrs. G., aged about 40, the mother of one child seventeen years of age, called me, on the 6th of last December, to examine her breast. She had a tumor of the left breast, of six or seven years standing, but previously had not shown it to any one, but remarked to me that it had become so painful, that it was quite time something were done for it.

On examination I found a tumor under the left nipple of the size of a hen's egg, moving freely under the superficial fascia, but very hard and painful on pressure. The nipple was inverted and sensitive to the touch. She described the pains as stinging and twinging. The general appearance of the patient, together with the character of the pains, the inverted nipples, and the leaden cast of the areola, decided at once, in my mind, that the tumor was of a cancerous character. I therefore withheld my convictions from my patient, but told her there might be relief in medicine, and requested her to send around to my office in the evening, and I would send her a prescription. After comparing the symptoms I decided upon Coni. mac., and accordingly sent her twelve powders of the 30th. After the time had expired in which the powders should be all taken, I looked for my patient to return or send for more medicine, but as I heard no tidings of her, I consoled myself with the reflection that

I had escaped the treatment of a very difficult case, for such I felt satisfied it would prove to be.

On the 22d of March, more than three months later, I was called to see the patient again, and found her suffering with rheumatism. On inquiry, in reference to the tumor, she informed me that the medicine I sent soon relieved the pains, and as the tumor constantly grew less, she thought it unnecessary to send for more medicine. I examined her breast, and, to my great surprise, there was not a trace of the tumor left. The nipple was less inverted, and the integument had assumed a more healthy color, yet some tenderness of the breast remained.

She was entirely relieved of the rheumatism in three days by Bry. alone, and I have not heard from her since.

CACTUS G. IN UTERINE HEMORRHAGE.

BY C. PRESTON, M. D.

Mrs. W. F., aged thirty-five years, the mother of four children, was attacked, November 17th, 1865, with slight uterine contractions, which were soon followed by alarming hemorrhage. When I arrived at the house, the nurse informed me she had emptied two chambers, each more than two-thirds full of blood, and there remained another more than half full of the vital fluid, together with a large amount of saturated cloths, and the patient lying in a state of syncope. On inquiry I learned that the patient had considered herself in the third month of pregnancy, and had taken Hooper's pills for the purpose of producing abortion. On examination I found the os uteri considerably dilated, and in a relaxed condition.

Diligent search was made for the secundines, but not being able to find them, I was left in doubt as to their discharge, but, as the pains had entirely ceased, the most plausible conclusion was that they had been discharged previous to

my arrival. I therefore administered China for six hours, with very little effect in arresting the hemorrhage. Ipec. was next given, and although the discharge was diminished in quantity, it was still sufficient to saturate a large number of cloths during the day, and to keep the patient greatly prostrated.

The following remedies were administered in consecutive order, for the term of three weeks, without being able to arrest the hemorrhage: China, Ipec., Sec. cor., Puls, Acon., Ham., Sec. cor., Nux v., Ars.^{2}, Sulph.^{2}, and Sepi.^{2}, Chin., Bell., Sabina, Puls., Secale, and Sulph.^{2} Although there was an improvement under Ars.^{2}, for a day or two, and also under Sulph.^{2} for a greater length of time, these ameliorations were soon followed by increased discharges, so that I could not see that the aggregate amount of hemorrhage during the twenty-four hours was less at the end of three weeks than it was two weeks previous. At this period I gave Cact. grand.^{30}, a few globules in a tumbler of water, a teaspoonful every three hours, and in twenty-four hours the hemorrhage had almost entirely ceased, and in forty-eight hours there was not a trace of it left. My patient rapidly improved in strength for four weeks, when her menstrual period arrived, and with it came another alarming attack of hemorrhage, though less violent than the first. The husband called to notify me, whereupon I sent a few powders of Cact.^{30}, and called the next day to find the hemorrhage entirely arrested, and my patient doing well. It is sufficient to say that the patient has needed no medicine since, and menstruation has been regular and healthful.

PHYTOLACCA IN SYPHILIS.

BY R. P. MERCER, M. D.

February 24. I was called to see Mrs. H., aged thirty-six, of respectable family, married, and the mother of several children. Had been for several days under "regular" Old School treatment. Was complaining at this time of severe

pain in the arms and legs, from the elbows and knees down to the fingers and toes, with œdematous swelling of the affected parts; pain aggravated by motion or contact; feet and legs covered with pale red spots about the size of a dime, and a few on the arms, face, and neck. Sore throat, with salivation. Left her Rhus tox.

25th. Little or no improvement. Continued the Rhus.

26th. No better; has two or three ulcers on the tongue; a feeling of fullness in the throat, with smarting and heat. Spoke of sores on the genitals, which came at the time the spots appeared on the legs,—about a week ago,—but says they do not trouble her much. Gave her Tart. emet.

27th. Pain and swelling in the limbs better. Spots fading. Continued Tar. emet.

28th. Same.

March 1st. Limbs sore and stiff, but pain all gone; spots scarcely perceptible. Throat very sore, and ulcers on the genitals, which, on examination, prove to be syphilitic; very troublesome. Considering she had had Merc. enough before I saw her, I left her Nit. acid.

2d. Throat a little better. Nit. acid.

3d. No improvement. Gave her Thuya.

5th. Better; had continued to improve slowly until the 9th, when, after attempting to walk, the pain in the limbs returned, and she continued to grow worse in spite of Thu., Mer.^{200}, and everything else that I could select, high or low, until the 17th, when she was in a similar but worse condition than when I first saw her. The chancres bad; throat very bad. I gave her Phyt. decandria, three drops tincture in a tumblerful of water, one teaspoonful every two hours.

On the 18th took Dr. Preston along with me; found her a little better, but concluded to continue the Phyt. for twenty-four hours longer, and then, if not improving, give her Nit. acid high.

19th. Found her much better; she continued to improve rapidly on Phyt.^{1}, until April 2d, when I visited her last, cured, except some aching and stiffness in the smaller joints when exposed to cold or damp, for which I have once since sent her Phyt.^{3}

I also used a lotion—to the chancres—of a few drops of the Tinc. Phytolacca in tumblerful of water.

In this case I believe that the Phyt. not only acted Homœopathically to the disease, but was also antidotal to the Mer., which she had evidently had in massive doses.

A CLINICAL CONTRIBUTION

To the Homœopathic Medical Society of Erie County, N. Y.

By C. W. SCOTT, M. D.

Case.

Mr. Nathan B——, farmer, aged fifty-seven years, nervous-bilious temperament, darkhair and skin—"a little, thin, dried-up old man." Applied to me for medical aid December 11th, 1865, with the following symptoms, viz.: ravenous appetite, which induces him to eat at almost all hours, *i. e.* not confining himself to *three* meals per day, but snatching a bit "between meals," and generally eating the last thing before retiring,—gnawing sensation at the pit of the stomach, relieved by eating,—dull, oppressed, giddy sensation in the head,—nervous sleeplessness.

Functional urinary derangement, sometimes a *retarded* flow of scanty high-colored urine, and *vice versa*.

Bowels inclined to constipation. For three or four weeks past, has been annoyed on several occasions by waking from sleep with "*dreadful* feelings," feeble and very irregular beating of the heart,—difficulty of breathing and a strange, dizzy, indescribable sensation in the head, obliging him to quit his bed instanter.

Even though he leaves his bed, he cannot maintain an erect position, but clutches hold of some article of furniture, to sustain himself,—believes he is dying.

Has similar attacks nearly every *day* but lighter than at night. This condition has increased so much of late, that he is alarmed and fears he will die in one of these "spells."

By questioning, I learn that he is an *inveterate* consumer of *tobacco;*—and on being *pressed,* acknowledges, that of late, since he had only his "chores" to do, he had occupied him-

self *most* of the time in *smoking;*—especially, all the evening, at the close of which, after taking his "nocturnal lunch," he consigned himself to unrefreshing sleep.

Believing the above-mentioned troubles to be the legitimate effects of *tobacco,* I gave him what I considered to be good advice in regard to *discontinuing* its use;—and while considering what I would exhibit as a remedial or antidotal treatment, he proposed to show me a "curiosity," as he termed it. Undressing his feet, I beheld his lower extremities, from the knees to the extreme terminus of the great toes, covered with *scales,* circular or eliptic, raised and free on the circumference, attached in the centre of a horny consistence, and varying in size from the dimensions of a shirt button to that of a respectable fine-toothed comb.

This condition he had enjoyed for *thirty-five* years, having the sole right to manufacture and use these "scales" without any infringement, to his knowledge.

He said that he suffered very much from itching and burning in the parts, especially during warm weather, when heated, or when warm in bed.

This condition had always been aggravated every *spring.* This circumstance, together with the peculiar *color* of the epidermis or *base* on which the scales rested (a purple-bluish color), presented a "key-note" as I believed to the specific remedy for this trouble, which, having baffled all "humor cures" in long years gone by, had come to be accepted as a life endowment. What could not be *cured,* he had made up his mind must be *endured.*

I resolved, however, to prescribe for this condition, willing to risk his nightly revels, and mid-day swoons, to the promised abstinence from *tobacco,* which I deemed the exciting cause.

I accordingly gave him Lachesis 1000th, a powder every night for twenty-one nights. At the end of the twenty-eighth day he appeared in my office, looking very mischievous—stripped his lower extremities—when I beheld a *real* "presto, change," With the exception of the ball of each

great toe, every vestige of the disease had disappeared, and what seemed the most remarkable of all, the *color* of the skin was *perfectly natural.* No unpleasant sensations are now felt in the part. It seems to me, such a practical demonstration of the effects of "high potencies" must confound the wise, and dum found the foolish.

'Tis true, sufficient time may not yet have elapsed to prove the *permanency* of the cure. I saw the gentleman, March 6th, 1866, when he informed me that the last trace of his malady had disappeared.

He received January 5th, 1866, a few doses of Nux v. 200th, since taking which he has had no serious trouble with head, heart or stomach, though he still indulges, almost *ad libitum,* in his friendly pipe.

My only regret is, that I gave him more than a *single dose* of Lachesis.

My patient is abundantly satisfied with the *result,* and perhaps I ought to be;—but in many cases nothing short of the *minimum* dose, and no repetition, can satisfy the demands of science. I shall keep a close watch of this case, and should there be any return of the disease, I will endeavor to communicate the report as extensively as this shall have reached.

TO OUR SUBSCRIBERS.

With the present number we complete the first volume of THE HAHNEMANNIAN MONTHLY.

To those of our friends whose subscriptions and communications have sustained our enterprise during the past year, we return our sincere thanks.

Our first year of editorial labor was necessarily one of inexperience; perhaps of *errors* and *mistakes.*

We shall use our utmost efforts to profit by past experience; to make the MONTHLY more practically useful to the profession.

The same great principles will be adhered to; the same great objects will be worked for, in the future as in the past.

And in the second volume of the Hahnemannian we shall be pleased to receive the co-operation of all those who desire to see this journal more ably advocate these principles and more powerfully support these objects.

THE MEETING OF THE AMERICAN INSTITUTE AT PITTSBURG.

On another page, we publish the Official Report of the Meetings of the Institute, in the Iron City, on Wednesday and Thursday, June 6th and 7th. The weather was fair; and although the attendance was not large, the members present were from different sections of the country,—representing several State societies, five Homœopathic Colleges, and some eight or nine Homœopathic periodicals.

There were men from New Hampshire and Massachusetts, and the intervening New England and Middle States; from the South, Baltimore and Washington; from the great Northwest, and from the far Southwest,—representative men mostly —men of mark in their own sections, some of them well known throughout the ranks of the profession. And so the meetings became very pleasant and agreeable conferences,—reunions, in which the co-workers in the great cause of Homœopathy and Humanity, one and inseparable, might come together, and,—rising above all local interests and forgetting all petty, personal and sectional jealousies,—fraternize on the common platform of a truly scientific and liberal profession. Reunions and fraternizations rendered a thousand times more cordial and delightful, under the genial influence of the kindly and all-embracing hospitalities of the good people of Pittsburg.

And yet it was painful to think of the great lights of Homœopathy, of the mighty men, the absent fathers and elders, whose presence would have imparted a dignity to the meetings of the Institute, and a substantial value to the discussions, which were—unfortunately wanting. Where were Hering, and Jeanes, and Kitchen, and Williamson, and Gardiner, of Philadelphia; Haynel, of Baltimore; and Bayard, and

Dunham, and Kirby, and Wells, and Fincke, and Morgan, of New York; and Swazey, of Massachusetts; and William E. Payne, and Clark, of Maine; and hosts of others, eminent in the profession, whose private practice and public writings have done so much to build up Homœopathy in this and other countries? Their forms were not seen, their voices were not heard; neither were they represented by any "*epea pteronta*," winged words, in the Grand Council Chamber of Homœopathy! And where were the others, the younger members of the profession, brave thousands, who in every city and large town in the country form the advanced guard who are carrying the war into the Asia of Allopathy? How large the proportion of the most active, daring and efficient members of the profession, who are alike unknown and unrepresented in the Institute!

Is it not time to attempt a change? Year by year the numbers of the members of the Institute are nominally increasing; and yet, year by year, the number of active members —the number of those who make it a point to attend the meetings or contribute to the proceedings—seems to be growing less. From a voluntary and comparatively irresponsible and uninfluential Conference, such only as can arise from the assembling together of a few individual members, let us make of the *American Institute of Homœopathy* an AMERICAN CONGRESS OF HOMŒOPATHY, composed of regularly appointed members from every State society, delegates from every Homœopathic college, and representatives of every periodical, hospital and other Homœopathic institution in the country. This Congress will be, in reality, the same Institute in an active and much more efficient form. It will be composed of the same members; but these members will appear in a new and more responsible capacity,—they will be the regularly appointed representatives of their home organizations. All these organizations of States, &c., will send their accredited representatives; and thus every State and other organization in the country will be responsibly represented. And this alone will be a great gain.

This leads to the one great want of Homœopathy in this country—ORGANIZATION! In union there is strength. Let every State have a State society, which shall embrace all the true working members of the profession; let the selection of representatives to the American Congress of Homœopathy be regarded, as it ought, as an honor no less than that of being sent to attend the national Congress at Washington; and this alone will impart new life to the State organization, as it will give new power, and still greater usefulness to the Institute or Congress itself.

It may be a mistake of ours,—and we hope it is,—but the impression left on our mind from the meeting of the Institute, was that, aside from the kindly feeling cultivated between members from different sections of the country, the net scientific and practically useful results obtained by this particular meeting were rather meagre;—most certainly they were as nothing compared to what they might have been,—to what they ought to be,—to what, I believe, they must and will be.

As will be seen by reference to the report of the proceedings, Wednesday, the first day of the Institute, was occupied principally in organizing, electing officers, calling and correcting the roll of the members. The address, delivered in the evening by Professor W. T. Helmuth, was well-written, popular in its style and character, and so appropriate to the large audience who listened to it with great interest; and besides it was most excellently well delivered.

The banquet which followed, to which the members of the Institute, their friends,—and a large number of the most highly-cultivated residents of Pittsburg, both ladies and gentlemen, were invited,—was a splendid feast given by the Allegheny County Homœopathic Society. The long tables were beautifully adorned and loaded with all the good things of this life in ample profusion. Out of deference to the total abstinence members of the profession and of the community, no wines were furnished; and in this, I think, our friends did right,—although it did seem hard, after more than four hundred dollars' worth of pure American wines had been provided

for the occasion. However, the event proved that wine was by no means essential to promote "the feast of reason and the flow of soul;" and with a fine comic poem from Dr. Helmuth, and a few short speeches from others, in response to sentiments, the festival closed in harmony. As Carlyle has it, "Great was the feast of professors!"

But it would be unbecoming to conclude this notice of the meeting of the Institute at Pittsburg, without some more particular mention of the large hearted hospitality of its citizens. The Presbyterian Synod, the Soldiers' Convention, the State Homœopathic Convention, and, lastly, the American Institute of Homœopathy, all meeting at the same place, and either at the same time or in close succession, overcrowded the hotels, three of which chanced to be undergoing repairs. And had not the members of the profession kindly opened their houses, some at least of those who came to attend the State Homœopathic Convention and the American Institute would have been compelled to take return trains for home. The splendid and costly banquet given by the Allegheny County Society has already been referred to. Where so many houses were filled with stranger guests, it might seem invidious to particularize, but we cannot forbear to mention Drs. Cotè, Burgher, Cooper, Hoffmann and Cowley, of the Committee of Arrangements, who kept open house, and to whose constant and unwearied exertions both the Convention and the Institute are largely indebted; and the repeated and delightful entertainments given by Dr. Cotè and his amiable lady, will long be remembered by physicians from every section of their adopted country.* Drs. Hoffman, Dake, Herron and Childs will also be gratefully remembered. *The two latter gentlemen entertained the Philadelphia delegation, who desire to return especial thanks to their kind hosts and hostesses.* From the united testimony of all, it would seem that at no city in the country had the members of the Institute met with a more kindly and hospitable reception, or had a pleasanter meeting, than in Pittsburg.

THE CHOLERA IN NEW YORK.

In the June number of this Journal, we expressed our belief that the disease called Cholera by the "Regulars in office," was not Cholera at all, but a disease caused by bad food, unwholesome meat; and that the meat came from cattle infected with or under suspicion of the Rinderpest. We there gave our reason for this belief and for our assertions; we now find our views sustained and confirmed by a card published in *New York Tribune* on the 1st of June, by Charge d'Affaires of the Hanseatic Republic, and we again suggest to the Regulars the propriety of testing the meat which has caused so much sickness and misery and alarmed the city of New York, and of reporting upon the subject.

NO CHOLERA IN GERMANY.

To the Editor of the New York Tribune:

SIR: An article in your paper of this day's issue, on the Cholera, begins by stating that "the fact that the Cholera has been raging violently in Germany for some time past has been well known in this city." Allow me, as the diplomatic representative of the States at whose ports (Bremen and Hamburg) the great number of German emigrants embark for this country, to declare, on official authority, that no Cholera or similar epidemic is known to exist in those ports; that no single case of Cholera has for long years made its appearance in the cities of Bremen, Hamburg and Lubeck and their territory, and that at present there is no prevalence of the epidemic in any part of Germany. Since the disease died out in Luxembourg, a Province of Holland, several months ago, you may search the whole German press for an allusion to it. It is no more thought of, and no apprehension of its appearance is felt, if ever there was.

The causes which made the pestilence break out in England among German emigrants, especially at Liverpool, are well known, and the German public by this time are cautioned against them. It was the inhuman treatment at the hands of unscrupulous agents that made these unfortunates sick. They were shipped like cattle in English steamers to Hull, there and in Liverpool awaiting passage, penned in dirty taverns and fed with unwholesome food. It is an established fact that the meat dealt out to these people was that of beasts infected with the cattle plague. Those who stood all that became finally utterly disgusted by coming in contact with the low class of disorderly, filthy and drunken Irish people who crowd the English emigrant steamers. Is it a wonder that so many of these poor Germans, who as a class are an orderly, cleanly and sober people, did succumb? Let their true character be known by referring to the numerous vessels bringing their human cargoes direct from German ports. All of these ships, so far, have arrived with a clean bill of health, and you will find their passengers, even to the number of a thousand on board, as hearty, healthy, cheerful a set of people as you may wish to welcome on these shores.

I am, sir, very respectfully, your obedient servant,

JOHANNES ROSING,
Charge d' Affaires of the Hanseatic Republic.

Hanseatic Legation, New York, May 31, 1866.

NEW PUBLICATIONS.

TEXT BOOK OF MATERIA MEDICA. By Ad. Lippe, M.D., Professor in the Homœopathic Medical College of Pennsylvania. Philadelphia: A. J. Tafel, 48 North Ninth street. Parts I. and II.

These two PARTS of this important work contain the principal symptoms of about one hundred remedies, from Aconite to Hyoscyamus.

I. In addition to the general plan of presenting a birds-eye view of the most *prominent special symptoms and characteristics* of the best proved and most used of our medicines,—this work will be found to include also the following features.

II. The presentation of many new remedies, more or less known and used,—some of them very important; quite a number of which are now for the first time furnished to the profession in an English dress and convenient form. Among these, the reader will find, in PART FIRST; *Aloes,* a most valuable remedy, possessing a range of action throughout the abdominal region and that of the portal circulation, second to none,—of which the rendering here will be found very full; *Arum try.,* invaluable in certain disorders, with indications now for the first time given; *Bufo,* new, and never to be forgotten in inflammations of the lymphatics; *Cactus grand.,* now for the first time incorporated in a Homœopathic Materia Medica,—a remedy of the very highest importance from the gravity of the disorders to which it is Homœopathic; and *Cadmium sulph.,* also new.

In PART SECOND will be found *Cinnabaris,* a full and correct rendering of this great remedy; *Cistus canadensis,* one of the most remarkable of the vegetable anti-psorics,—the provings for the first time published in this Journal; *Coccionella; Cochlearia; Dolichos p.; Elaps; Eupipion; Gelseminum; Glonoine; Hippomane mancinella; Hippomanes.*

III. The *principal indications* for *chills* and *intermittents* have also been very fully given,—especially in the Second Part. And this feature of the work will be found to add greatly to its practical usefulness, particularly in the West and Southwest.

The North American Journal of Homœopathy, for May is at hand. We notice in this number an address on *Insanity* in its relations to the Homœopathic profession, delivered before the State Society of New York, by Hon. J. S. Gould of Hudson. Dr. E. M. Hale's paper on the "Homœopathic action and use of the so-called astringent medicines," contains some interesting and curious speculations; we should like to see the subject still further explored. Dr. B. W. James' "Provings of the Prot-oxyd of Nitrogen" gives an interesting account of the introduction of *Nitrous-oxyd* into dental and surgical practice.

The Report of the Committee on Life Insurance, the principal article in this number, was prepared under instruction of the Onondaga Co. Hom. Med. Society, by A. R. Morgan, M. D., with a great deal of care and labor; but by some mistake the name of his partner *W. A. Hawley, M.D.,* has been substituted for that of Dr. Morgan the real author, and in whose handwriting the original MS. was furnished for publication. We are the more particular to make this correction, since no small portion of the materials for this paper were collected by Dr. Morgan while on a visit to this city, last winter,—some of them from works in our own office.

The remaining articles, although interesting, are mostly short and "too numerous to mention."

(*See Prospectus of this Quarterly, in the advertising pages of the Monthly.*)

Cholera. Its Prevention and Cure. By George Shipman, M.D., Chicago; C. S. Halsey, 147 Clark street. 1866.

This pamphlet contains some statistics of the Allopathic and Homœopathic treatment of Cholera; taken from various sources; we notice the remarks on prophylaxis are good and deserve to be followed; but the highest success in the Homœopathic treatment of Cholera will never be attained so long as physicians give *Veratrum* and *Ipecac.* in alternation; or "*Cuprum*—alternately with *Veratrum,*" or "*Arsenicum* alternately with *Veratrum.*" The number of medicines which may be needed in cases of Cholera seems so limited, that the indications should be accurately learned and applied; then, and not till medicines are administered singly, will the mortality of this disease be reduced to a minimum.

This matter of alternation was very neatly disposed of by C. Cropper, M. D., (see North. Am. Jour. of Hom., May, '66,

p. 550.) "It was once remarked to me by a member of our profession by way of apology for the all too-prevalent practice of 'alternating' remedies, that he and others did so because of the very great difficulty of acquiring a full knowledge of the action and the indications of any *one* remedy. To which my answer was, that if the physician was not acquainted with *one* remedial agent, why did he administer *two?*"

Epidemic Cholera. By S. G. Walker, M.D., Prof. of Obstetrics and Diseases of Women and Children, in the Hom. Med. College of Missouri. St. Louis, Mo.; H. C. G. Luyties, No. 49 N. Fifth street. 1866.

This is one of the best of the many monographs on the Homœopathic treatment of Cholera, that have appeared. The indications for the principal remedies are very full; Jatropha c. is correctly rendered; but the indications given for Tabacum (see Nicotine, p. 425 of this Journal), hardly give an idea of the true sphere of this powerful drug. We notice with satisfaction that no alternation is advised and quote the concluding sentence as well worthy to be pondered—"*Only make careful selections, and the higher remedies* (the 30th) *will afford more success than the lower ones, and still more than the crude tinctures, to which some still adhere.*"

The New England Medical and Surgical Gazette,—May and June. Through the courtesy of the editor of this journal and of the Secretary of the Institute, we are enabled to give the official report of the proceedings of the Institute at Pittsburgh. The two principal articles in the June number, "Operations for Cataract," by the editor, Dr. Angel, and "Tracheotomy in the Croup," by Dr. Talbot, are both able and interesting.

OUR EXCHANGES.

The Hahnemannian Monthly has been sent regularly throughout the year, to all American Homœopathic Journals; Allgemeine Hom. Zeitung, Leipzig; British Journal of Homœopathy; British Review; Journal de Dispensaire Hahnemann, Bruxelles; El Criterio Medico, Madrid.

We acknowledge the receipt of Exchanges from all the above friends, with two exceptions. The British Review has sent us the 12th No. of the current year; and the British Journal has not exchanged.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Report of the Nineteenth Annual Meeting, held at Pittsburg, Pa., June 6th and 7th, 1866.

Preliminary Meeting.

The usual preliminary meeting was held at the house of Dr. Coté, 284 Penn street, on Tuesday evening, June 5th. A large number of the members were present from various parts of the Union.

Departing somewhat from the usual custom which makes this meeting merely an informal session or caucus, to discuss the business of the following day, Dr. Coté, with the assent of the Committee of Arrangements, tendered to the members and their ladies a social levee. Many pleasant greetings were exchanged by those who had not met since the last session; and the cordial welcome of the host and hostess, the delightful music, and the abundant feast, at once established a social and friendly feeling, which continued unabated throughout the entire sessions of the Institute.

First Day.—Morning Session.

Wednesday, June 6.—The Institute assembled at Masonic Hall, and was called to order at ten o'clock by the President, Dr. S. S. Guy, of Brooklyn, N. Y., when Rev. Herrick Johnston invoked the Divine blessing upon its deliberations.

The President welcomed the members of the Institute to their annual meeting, and expressed his gratification at the fact that so large a number of delegates was present.

Dr. J. C. Burgher, of Pittsburg, from the Committee of Arrangements, welcomed the delegates in a few cordial remarks, and tendered them the hospitalities of the city.

The roll was then called and corrected, when the following members answered to their names:

J. D. Annin, Newark, N. J.; J. Beakley, New York City; S. R. Beckwith, Cleveland, Ohio; D. H. Beckwith, Cleveland, Ohio; G. D. Beebe, Chicago, Illinois; Geo. E. Becker, New York; R. M. Bowles, New York; J. C. Burgher, Pittsburg, Pa.; Shadrack M. Cate, Salem, Mass.; W. R. Childs, Pittsburg, Pa.; Henry B. Clarke, New Bedford, Mass.; N. F. Cook, Chicago, Ill.; M. Coté, Pittsburg, Pa.; D. Cowley, Pittsburg, Pa.; C. M. Dake, Pittsburg, Pa.; J. P. Dake, Salem, Ohio; J. S. Douglass, Milwaukee, Wis.; J. H. P. Frost, Philadelphia, Pa.; S. S. Guy, Brooklyn, L. I.; J. A. Herron, Pittsburg, Pa.; W. T. Helmuth, St. Louis, Mo.; T. Hewitt, Allegheny City, Pa.; H. H. Hoffmann, Pittsburg, Pa.; Bushrod W. James, Philadelphia, Pa.; E. M. Kellogg, New York City; R. J. McClatchey, Philadelphia, Pa.; F. R. McManus, Baltimore, Md.; Alpheus Morrell, Concord, N. H.; Henry D. Paine, New York; Horace M. Paine, Albany, N. Y.; James H. Payne, Boston, Mass.; J. R. Piper, Washington, D. C.; J. H. Pulte, Cincinnati, Ohio; J. S. Rankin, Pittsburg, Pa.; Horatio Robinson, Auburn, N. Y.; R. B. Rush, Salem, Ohio; Henry M. Smith, New York; I. T. Talbot, Boston, Mass.; M. Y. Turrill, Cleveland, Ohio; Frederick Taudte, Birmingham, Pa.; Tullio S. Verdi, Washington, D. C.; M. W. Wallace, Allegheny City, Pa.; C. Wesselhœft, Dorchester, Mass.; E. C. Witherell, Cincinnati, Ohio; J. B. Wood, West Chester, Pa.

An election for officers of the Institute was then entered into, and resulted as follows:

President—Dr. J. S. Douglass, of Milwaukee, Wisconsin.

Vice President—Dr. S. R. Beckwith, of Cleveland, Ohio.

Secretary—Dr. I. T. Talbot, of Boston.

Provisional Secretary—Dr. H. B. Clark, of New Bedford, Massachusetts.

Treasurer—Dr. E. M. Kellogg, of New York City.

Board of Censors—Drs. J. P. Dake, of Salem, Ohio; H. M. Paine, of Albany, New York; H. M. Smith, of New York City; M. Coté, of Pittsburg, and J. B. Wood of West Chester, Pennsylvania.

Auditing Committee.—Drs. S. R. Beckwith, of Cleveland, Ohio: George E. Belcher, of New York City; N. F. Cooke, of Chicago, Ill.; David Cowley, of Pittsburg, Pa.; T. S. Verdi, of Washington, D. C.

On motion of Dr. Beakley, "the thanks of the Institute were given to the retiring officers for their efficient services during the past year."

The President was then installed into office, and made a suitable acknowledgment. The Institute adjourned until three o'clock P.M.

Afternoon Session.

The Institute re-assembled at three o'clock, and was called to order by the President.

The Board of Censors reported favorably upon the application of the following gentlemen for membership of the Institute:

T. F. Allen, New York City; Wm. J. Bauer, New York City; H. F. Biggar, Cleveland, Ohio; C. W. Boyce, Auburn, N. Y.; Wm. H. Cook, Carlisle, Pa.; Frank Cooper, Allegheny City, Pa.; Benj. F. Dake, Pittsburg, Pa.; Geo. S. Foster, Pittsburg, Pa.; W. G. Graham, Ravenna, Ohio; Wm. Hornitz, New York City; A. E. Keyes, Ravenna, Ohio; Chas. H. Lee, Etna, Allegheny County, Pa.; J. H. Marsden, York Sulphur Springs, Pa.; R. C. McClelland, Glade Mills, Pa.; Robert McMurray, New York City; J. J. Mitchell, New York City; Coates Preston, Chester, Pa.; Horatio Robinson, Jr., Auburn, N. Y.; L. M. Rousseau, Pittsburg, Pa.; Robt. C. Smedley, West Chester, Pa.; Daniel D. Smith, New York City; John McE. Wetmore, New York City; Ciro S. Verdi, Georgetown, D. C.; J. F. Cooper, Allegheny City, Pa.; Henry Sheffield, Nashville, Tennessee; S. A. Robinson, Cincinnati, Ohio; J. Sidney Mitchell, Chicago, Ill.; N. Schneider, Cleveland, Ohio; C. H. Cogswell, Moline, Ill.; John Hartman, St. Louis, Mo.; G. E. Chandler, Wauseon, Ohio; W. H. H. Neville, Philadelphia; M. Friese, Mechanicsburg, Pa.; John E. James, Philadelphia; Edwin A. Lodge, Detroit, Mich.; G. Catron Duncan, Chicago, Ill.; H. M. Logee, Linesville, Crawford County, Pa.; J. R. Earheart, Philadelphia; Geo. W. Billings, Brooklyn; John C. Richards, Lock Haven, Pa.; J. E. Barnaby, Allegheny City, Pa.; Horace Homer, Philadelphia, Pa.; R. Faulkner, Erie, Pa.; J. Stewart, Sharpsburg, Pa.; W. C. Borland, Pittsburg, Pa.; Shadrach C. Morrill, Concord, N. H.; T. G. Comstock, St. Louis, Mo.; Max Werder, Johnstown, Pa.; E. W. Townsend, Greensbury, Westmoreland County, Pa.

The report was accepted, and on motion, the gentlemen named were declared members of the Institute.

The application for membership of Mrs. Mercy B. Jackson, of Boston, Mass., was laid on the table.

Dr. John Tifft, of Norwalk, Ohio, was excused from membership, at his own request.

A statement of expenses incurred by the Secretary of the Institute for the past year was read, and referred to the Auditing Committee.

Reports of Bureaus.

Materia Medica.—The only report of this Bureau was a letter from Dr. E. M. Hale, of Chicago, announcing, that, owing to the pressure of business, he had been unable to prepare a report.

Clinical Medicine and Zymoses.—A partial report was offered by the Chairman, Dr. H. D. Payne, of New York, which was accepted.

Surgery.—The Chairman, Dr. William T. Helmuth, desired to have the reading of his report postponed until the next day. The request was granted.

Homœopathic Organization, Registration, and Statistics.—Dr. I. T. Talbot, of Boston, Chairman of the Bureau, presented a report, which was read, accepted, and laid on the table for future consideration.

Medical Communications.

Dr. Cate, of Salem, Mass., communicated a paper on Lachesis, in a certain form of uterine inflammation, which was received, and placed on file.

Dr. J. P. Dake, of Salem, Ohio, read cases reported by W. J. Blakely, of Benzinger, Elk County, treated by mercurius protiodide. The paper was accepted. Dr. Pulte, of Cincinnati, made some remarks in regard to the use of this medicine in cases of diphtheria attended by debility.

The President stated that he had used the deutiodide of mercury locally in cases of goitre. It was used successfully, in the form of ointment, in the first decimal trituration. Dr. Helmuth, of St. Louis, spoke on the same subject. He said that he had used the deutiodide of mercury in cases of goitre, and he thought it a very valuable remedy. In the East Indies, where goitres attain an immense size, cures are performed by the application of this medicine to the tumor in the form of ointment, prepared one drachm to one ounce lard. He has used the same ointment still more reduced and in small quantity, with great benefit.

Dr. Beebe, of Chicago, spoke of treating goitres successfully with the thirtieth attenuation of iodine internally, in some cases relieving when the crude form of iodine had failed.

Dr. S. R. Beckwith, from the Auditing Committee, reported that the annual expenses of the Institute exceeded its receipts, and recommended an increase of initiation and annual fee. The report was accepted, and the consideration of the suggestion together with the report of the Bureau of Organization was referred to a Committee of the Whole.

On motion, adjourned to eight, P. M.

Evening Session.

The Institute assembled at eight o'clock. There was an additional attendance of about fifteen hundred ladies and gentlemen.

The President, on calling the Institute to order, introduced Dr. William Tod Helmuth, of St. Louis, Mo., who delivered the Annual Address.

The general subject of the lecture was Homœopathy, and the doctor announced at the outset that he would endeavor, as much as possible, to strip the subject of the unintelligible technicalities and dry details of a professional address. He divided his lecture into the consideration of the points, "The proofs that Homœopathy is true," "Is Homœopathy a humbug?" "The increase of belief in Homœopathic principles," and "The changes that have been and are to be accomplished by the aid of Homœopathy." Each of these points was considered with skill and acumen, and strengthened by instances and allusions, facts and figures, that must have gone far towards convincing whoever among the audience may have been sceptical as to the soundness of the principles held by the homœopathic school of medicine. The lecture was listened to through-

out with attention and interest, and was several times interrupted by hearty applause.

On motion of Dr. H. M. Smith, of New York, the thanks of the Institute were tendered to William Tod Helmuth, M.D., for his able and valuable address, and a copy of it was requested for publication.

Adjourned to Thursday, nine o'clock, A. M.

The Banquet.

At ten o'clock the members of the Institute repaired to City Hall and partook of a splendid banquet which had been prepared by the Homœopathic Medical Society of the county. About three hundred ladies and gentlemen were present as invited guests of the Society. Upon the conclusion of the banquet, Dr. M. Coté, chairman of the Executive Committee, called the meeting to order, when the following toasts were read:

1. To the Memory of Hahnemann. In silence, standing.
2. The American Institute of Homœopathy. Responded to by Dr. McManus, of Baltimore.
3. The Ladies. Responded to by Dr. Talbot, of Boston.
4. Our Sister Societies. Responded to by Dr. Cook, of Chicago.
5. Our Colleges. Equal to Any. Responded to by Dr. S. R. Beckwith, of Cleveland.
6. Our Journals. Responded to by Dr. J. H. P. Frost, of Philadelphia.
7. Our Hospitals. Responded to by Dr. J. P. Dake, of Salem, Ohio.
8. The Efficacy of Homœopathic Medicines. Responded to by Dr. Helmuth, of St. Louis.
9. Our Southern Brethren. Responded to by Dr. T. S. Verdi, of Washington, D. C.

A number of volunteer toasts were then read and responded to. The proceedings were of an exceedingly interesting character; the Society may well be proud of the success of their entertainment.

Thursday, June 7th.—Second Day.—Morning Session.

The Institute assembled at nine o'clock, at Masonic Hall, and was called to order by the President.

The minutes of Wednesday were read and approved.

On motion of Dr. Talbot, it was voted that the Bureau of Clinical Medicine be instructed to prepare for general circulation a concise circular, with directions, in relation to the subject of cholera, and that the General Secretary be directed to furnish twenty copies to each member of the Institute.

The Institute then resolved itself into a Committee of the Whole, for the consideration of various subjects referred to it.

Dr. E. M. Kellogg, of New York, was elected chairman.

The report of the Committee on Organization was called up.

Dr. McManus, of Baltimore, said, if he understood the proposition, it was now proposed to so alter the character of the Institute that old members could have no voice in its proceedings. For his part he objected to any change, as he did not see the necessity for it.

Dr. Talbot explained that the proposition made by the Committee on Organization was not designed to change the present character of the Institute or to take away the rights of old members, but to so alter the constitution that societies may send delegates to represent them; so that the Institute shall have at its sessions, aside from individual members, representatives from every homœopathic society, association, and institution in the country. This plan, if carried out, would unite all the various associations in one central body to act together in all questions of national interest.

At the request of the Institute, the Secretary then read the entire report of the Bureau on Organization.

The first recommendation was that the Bureau on Statistics prepare and publish a triennial catalogue containing the constitution, by-laws, rules and regulations of the Institute, a full list of its members, past and present, together with a list of the homœopathic practitioners of America; and statistics of the various societies and institutions connected with Homœopathy.

After considerable discussion on the part of the members, it was voted that the Bureau be instructed to prepare such a list, and report at the next meeting of the Institute.

Dr. J. P. Dake explained to the Institute, that Dr. John B. Hall had a Directory prepared, which would be shortly published. He desired the assistance of the members of the Institute in every way possible.

The second subject of the report was summed up in the following resolution:—

Resolved, That the American Institute of Homœopathy invites all bodies of homœopathic physicians to send delegates to its meetings; and, for the sake of uniformity, would recommend the following proposition:—

First. From every Association composed of more than fifty members, from different States, two delegates.

Second. From every State society, two delegates; additional, for every twenty members, one delegate.

Third. From every county or local society, one delegate.

Fourth. From every college, hospital or dispensary actually established, each one delegate.

Fifth. For every medical journal published, one delegate.

Dr. Guy, of Brooklyn, presented the following amendment, which was accepted. It shall be the duty of these delegates to present to this Institute, through its proper bureaus, a clear synopsis of the doings of their respective associations or societies.

The resolution was then adopted.

On motion of Dr. Smith, the following resolution was passed:—

Resolved, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.

The report of the Auditing Committee was then considered.

Dr. Talbot offered the following resolution as a substitute for the report of the Auditing Committee:—

Resolved, That the members of the Institute be required to pay the annual sum of three dollars towards defraying the expenses of the Institute.

After considerable discussion, the resolution passed.

The Committee of the Whole then arose, and the Institute resumed its session. Dr. Beckwith, Vice-President, in the chair.

The Secretary read the proceedings of the Committee, and the resolutions reported by them were, on motion of Dr. H. D. Paine, of New York, adopted.

STATISTICAL REPORTS.

Reports from the following auxiliary and corresponding bodies were then presented and read:—

STATE SOCIETIES.

Dr. J. P. Dake, the Western Institute of Homœopathy.
Dr. A. Morrill, the New Hampshire Society.
Dr. S. M. Cate, the Massachusetts Society.
Dr. H. M. Paine, the New York Society.

Dr. B. W. James, the Pennsylvania Society.
Dr. D. H. Beckwith, the Ohio Society.
Dr. G. D. Beebe, the Illinois Society.

COUNTY OR LOCAL SOCIETIES.

Dr. I. T. Talbot, the Boston Academy of Homœopathic Medicine.
Dr. H. M. Smith, the New York County Society.
Dr. H. M. Paine, Albany County Society, N. Y.
Dr. H. Robinson, Cuyuga County Society.
Dr. S. S. Guy, King's County (N. Y.) Society.
Dr. R. J. McClatchey, the Philadelphia County Society.
Dr. J. H. Marsden, Homœopathic Medical Society of the Cumberland Valley, Pa.
Dr. D. Cowley, Allegheny County Medical Society, Pa.
Dr. D. H. Beckwith, the Cuyahoga Medical Society, Ohio.
Dr. N. F. Cooke, the Chicago County Medical Society.
Dr. John Hartmann, the St. Louis Society.

COLLEGES.

Dr. J. Beakley, New York Homœopathic College.
Dr. J. H. P. Frost, Hom. Medical College of Pennsylvania.
Dr. N. F. Cooke, Hahnemann Medical College of Chicago.
Dr. S. R. Beckwith, Cleveland Medical College.
Dr. William T. Helmuth, St. Louis Medical College.

HOSPITALS AND DISPENSARIES.

Dr. J. C. Burgher, Medical and Surgical Hospital of Pittsburg.
Dr. William T. Helmuth, Good Samaritan Hospital, St. Louis.
Dr. I. T. Talbot, Homœopathic Medical Dispensary, Boston.
Dr. H. M. Smith, Central New York Homœopathic Dispensary.
Dr. S. S. Guy, Homœopathic Dispensary of Brooklyn.
Dr. B. W. James, the Homœopathic Infirmary of Philadelphia.
Dr. C. M. Dake, Dispensary at Pittsburgh.
Dr. Beckwith, the Cleveland Dispensary.
Dr. Helmuth, St. Louis Medical Dispensary.
Dr. Helmuth, Freedmen's Colored Orphans' Home.

MEDICAL JOURNALS.

Dr. Smith, American Homœopathic Review.
Dr. Talbot, New England Medical Gazette.
Dr. Beebe, United States Medical and Surgical Journal.
Dr. Lodge, American Homœopathic Observer.
Dr. Helmuth, Western Homœopathic Medical Observer.
Dr. Frost, Hahnemannian Monthly.

Notices were also received from Dr. J. P. Dake, of the establishment of the Hahnemann Insurance Company, at Cleveland, Ohio, and from Dr. H. M. Paine, of the Atlantic Mutual Company, at Albany; having for their object the insurance of homœopathic patients at a reduced premium.

The following resolution was offered by Dr. Beebe, and, after some discussion, adopted:

Resolved, That while we approve the establishment of Life Insurance Companies which make a distinction in favor of the patrons of homœopathy, and while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

The Convention adjourned until three o'clock P. M.

AFTERNOON SESSION.

The Convention met at three o'clock, and was called to order by Vice-President Dr. S. R. Beckwith, of Cleveland.

The reports which had been considered during the morning session were ordered to be filed.

REPORT OF THE BUREAU OF SURGERY.

Dr. W. T. Helmuth, of St. Louis, read a report in which the different improvements introduced into Surgery since the last session of the Institute were fully discussed.

Dr. J. Beakley, of New York, promised to furnish the Secretary a report on Surgery.

Dr. S. R. Beckwith, of Cleveland, read a paper entitled "Ovarian Tumors." On motion, the several reports of the Bureau on Surgery were accepted.

Dr. B. W. James, of Philadelphia, presented a paper on "Aural Surgery," which was accepted.

Dr. J. H. Pulte, of Cincinnati, presented a report on "The Spectroscope, and the law 'Similia similibus curantur.'" Accepted.

Dr. Henry Turner, of London, by invitation, addressed the Convention. He stated that the system of Homœopathy in England was meeting with the most determined opposition from the allopathic practitioners, who have control of the Medical College and Schools, and bias the minds of students against the homœopathic system. An English Directory had just been published, and an effort was being made to add to it an American Directory.

He said the number of homœopathic practitioners in London was ninety-three; and in England, two hundred and seventy-six. There are several associations which hold frequent and profitable meetings. There are hospitals in several of the large towns, and dispensaries in most places of considerable size. There are four or five journals, which are all well sustained.

Dr. Thomas Hewitt, of Allegheny City, read an essay, entitled, "What is the Cause of Collapse in Cholera," which was accepted.

Dr. H. M. Paine of Albany, presented a paper on cholera, which was accepted.

Dr. B. W. James offered a resolution recommending that each member of the medical profession should keep a statistical record of all cases of Asiatic Cholera treated by himself, in case that disease should visit our country, together with the result of the treatment, and report the same for publication, which was adopted.

Dr. H. M. Smith offered a resolution authorizing the President to appoint delegates to the International Homœopathic Congress, to be held in Paris in 1867. Adopted.

Dr. T. S. Verdi proposed that a committee be appointed for the purpose of preparing an address to the homœopathic physicians in European countries, urging upon them the necessity of organizing national societies. Adopted; and the General Secretary was appointed to prepare the address, and enter into a correspondence with the various societies.

Dr. S. S. Guy then presented a resolution returning the thanks of the Institute to the Homœopathic Medical Society of Allegheny County for the handsome manner in which they had entertained the delegates during their sojourn in Pittsburg.

Also, to the newspapers of Pittsburg, for so faithfully reporting the proceedings of this session of the Institute. Unanimously adopted.

Dr. James A. Herrick, on behalf of the Board of Trustees of the

Homœopathic Dispensary, on Fourth street, extended an invitation to the members of the Institute to visit that institution at eight o'clock in the evening. The invitation was accepted, and a vote of thanks tendered.

The President then announced the following appointments for the ensuing year:—

Bureau of Materia Medica.—Conrad Wesselhoeft, M.D., of Dorchester, Mass.; Walter Williamson, M.D., of Philadelphia, Pa.; William E. Payne, M.D., of Bath, Me.; E. M. Hale, M.D., of Chicago, Ill.; H. L. Chase, M.D., of Cambridge, Mass.

Bureau of Clinical Medicine and Zymoses.—H. D. Paine, M.D., of New York City; D. H. Beckwith, M.D., of Cleveland, Ohio; R. Ludlam, M.D., of Chicago, Ill.; E. C. Witherill, M.D., of Cincinnati, Ohio; S. M. Cate, M.D., of Salem, Mass.

Bureau of Surgery.—J. Beakley, M.D., of New York City; William T. Helmuth, M.D., of St. Louis, Mo,; G. D. Beebe, M.D., of Chicago, Ill.; S. R. Beckwith, M.D., of Cleveland, Ohio; George F. Foote, M.D., of Philadelphia, Pa.

Bureau of Organization, Registration and Statistics.—H. M. Smith, M.D., of New York City; H. M. Paine, M.D., of Albany, N. Y.; E. A. Lodge, M.D., of Detroit, Mich.; B. W. James, M.D., of Philadelphia, Pa.; T. G. Comstock, M.D., of St. Louis, Mo.

Committee of Arrangements.—G. E. Belcher, M.D., H. M. Smith, M.D., H. D. Paine, M.D., J. Beakley, M.D., E. M. Kellogg, M.D., of New York City.

Orator for 1867, N. F. Cooke, M.D., of Chicago, Ill.; alternate, H. B. Clarke, M.D., of New Bedford, Mass.

On motion of Dr. I. T. Talbot, it was voted, that a committee of five be appointed to prepare a complete code of Medical Ethics, and to report at the next session of the American Institute.

The President appointed for this committee, Carroll Dunham, M.D., of New York City; Walter Williamson, M.D., of Philadelphia, Pa.; E. M. Kellogg, M.D., of New York City; B. S. Ball, M.D., of New York City; G. W. Barnes, M.D., of Cleveland, Ohio.

On motion of Dr. S. Beckwith, the following amendment to Article X. of the By-laws was adopted:

Sec. 3.—There shall be a Bureau of Obstetrics, which shall collect facts and observations on subjects pertaining to obstetrics.

The President appointed upon this Bureau, H. H. Guernsey, M.D., of Philadelphia, Pa.; J. C. Sanders, M.D., of Cleveland, Ohio; S. R. Kirby, M.D., of New York City; E. A. Guilbert, M.D., of Dubuque, Iowa; J. H. Woodbury, M.D., of East Boston, Mass.

On motion of Dr. H. M. Smith, the Secretaries and Treasurer were appointed the Publication Committee for the ensuing year.

On motion of Dr. J. P. Dake, the Institute adjourned to meet in New York City on the first Wednesday in June, 1867.

I. T. TALBOT,
General Secretary.

STATE HOMŒOPATHIC CONVENTION.

In accordance with a call by the Homœopathic Medical Society of Allegheny county for all physicians of the Homœopathic School, in the State of Pennsylvania, a Convention was held in the Homœopathic Hospital Building June 5th, to form a State Homœopathic Medical Society.

Prof. J. H. P. Frost, of Philadelphia, was called to the chair, and Dr. Bushrod W. James was elected Secretary *pro tem.*

A committee from each county represented in the Convention was appointed on a permanent organization, consisting of Dr. M. Cotè, Allegheny county; H. M. Logee, Crawford county; J. B. Wood, Chester county; Coates Preston, Delaware county; M. Freise, Cumberland county; Horace Homer, Philadelphia county; R. Faulkner, Erie county; P. S. Duff, Butler county.

During the session of the Committee, the Convention engaged in a desultory medical discussion. The Committee having returned, they reported a constitution and by-laws for the government of the Society, which after some amendment, were adopted.

The meeting then adjourned to meet at 4 p. m.

Convention met at four o'clock and proceeded to an election of officers, resulting as follows:

President—J. B. Wood, M. D., West Chester, Pa.

Vice Presidents—J. H. P. Frost, M. D., Philadelphia, Pa.; J. C. Burgher, M. D., Pittsburg, Pa.

Recording Secretary—Bushrod W. James, M. D., Philadelphia, Pa.

Corresponding Secretary—R. J. M'Clatchey, M. D., Philadelphia, Pa.

Treasurer—D. Cowley, M. D., Pittsburg, Pa.

Censors—Coates Preston, M. D., Chester, Delaware county, Pa; R. Faulkner, M. D., Erie, Erie county, Pa.; H. Hoffman, M. D., Pittsburg, Pa.

The constitution was then signed by the physicians present belonging to Pennsylvania.

The place of the next meeting was then determined upon. It was agreed to meet in Philadelphia, on the second Wednesday of May, 1867, at 10 o'clock, A. M.

The President, J. B. Wood, M. D., and Recording Secretary, Bushrod W. James, M. D., were appointed delegates to the American Institute of Homœopathy, to hold its meeting on the 6th inst., in Masonic Hall.

A report from the Homœopathic Medical Society of Cumberland county was read and accepted; also, one from the Philadelphia Homœopathic Medical Society.

Dr. G. D. Beebe, delegate from Illinois State Medical Society, delivered an address, and invited the physicians of this State to meet those of Illinois at their next annual meeting.

A communication from the Miami Homœopathic Medical Society of Ohio was presented by the delegates present.

A resolution was offered by Dr. McClatchey, of Philadelphia, that a committee of five be appointed to obtain a charter at the next meeting of the Legislature. Committee—Dr. McClatchey, B. W. James, J. C. Burgher, R. R. Roberts and J. K. Lee.

Dr. Childs read a communication from Dr. W. J. Blakely, of Benzinger, Pa., on poisoning by santonine.

It was then moved that the proceedings of the meeting be published in

the *Hahnemannian Monthly*, and that that periodical be considered the organ of the State Society.

An amendment to the constitution was offered, which was laid over under the rules.

It was then moved and carried that the retiring President be appointed to deliver the annual address.

Eleven committees, on different medical subjects, to report at the next meeting, were appointed by the President.

Dr. Frost presented a communication from the Faculty of the Homœopathic Medical College of Pennsylvania, and stated that a number of copies of the Annual Announcement of that Institution were on the table for distribution.

A resolution of thanks to the board of managers of the Homœopathic Hospital of Pittsburg, for their kind attention, was then passed.

Several members stated that they had papers for presentation, but for want of time they were not read.

On motion the meeting adjourned.

We may truly say that the meeting was characterized throughout by the greatest harmony and good feeling.

The meeting was as well attended as could be expected, there being thirty physicians belonging to Pennsylvania who signed the Constitution, and a number of physicians,—visitors from New York, Ohio, Illinois and Massachusetts,—who are here for the purpose of attending the meeting of the American Institute of Homœopathy.

HAHNEMANN LIFE INSURANCE COMPANY.

It will be observed in our advertising columns, that this pioneer Homœopathic Company has opened an office in our city. Having complied with the legal requirements of the State, the general agent is prepared to receive applications for assurance and to appoint canvassers, in every city and town in Pennsylvania where Homœopathy is practiced. We are requested to say that Physicians may facilitate the operations of the Company, and hasten its introduction among their patrons, by recommending at once suitable agents and canvassers. While the old companies, which charge higher rates of premium, and refuse to allow Homœopathic Physicians to examine for them, are active, our profession should lose no time in offering encouragement to this Institution, reared upon the most substantial basis, and for the vindication of medical truth.

HOMŒOPATHIC MEDICAL SOCIETY OF PHILADELPHIA.

DISCUSSION ON TUMORS.

REPORTED BY ROBERT J. McCLATCHEY, SECRETARY.

THURSDAY, *May* 3, 1866.

This Society met pursuant to adjournment, for the purpose of discussing the proper treatment of Tumors. The President, Dr. GARDINER, occupied the chair, and a number of members and other physicians were present.

The discussion was opened by Dr. JACOB JEANES, who read an exceedingly interesting paper on the subject under consideration, which was followed by an able article from Dr. LIPPE on the same subject.*

Dr. GILCHRIST argued against trusting to medicines for the removal of tumors. Splinters and other foreign bodies become embedded in the tissues, and require surgical means for their removal. So with stone in the bladder,—which the speaker did not believe could be cured by internal medication—the foreign body must be removed by mechanical means. Tumors were nothing more than foreign bodies when once formed, incommoding the patient, and frequently pressing upon important structures, thereby causing unpleasant, if not dangerous symptoms. The Doctor thought fatty tumors and many other abnormal growths, absolutely demand recourse to the knife. Dr. Gilchrist asked if the administration of drugs would cure tumors, why internal medication would not prevent their recurrence after the first removal; and thought if this were the case the patient should be immediately relieved by an operation, and then remedies given to prevent the reformation of the tumor.

Dr. A. LIPPE contended that it was not proper to cut out the tumor and then cure the patient. The tumor is the product of the disease and not the disease itself. We must first cure the disease and its product will disappear. The knife does not cure.

Dr. LEECH thought the truth of the matter lay between the two extremes. He understood the question thus—Some believe that all tumors are curable by internal remedies, while others thought that the knife was the means by which they should be removed. He did not deny that tumors had been cured by medicines; but when a tumor was really formed and projected beyond the healthy structures of the body, it then comes within the range of surgery and should be removed by the knife. He was not disposed to ascribe to medicines the power of removing all tumors, but a very limited number. Tumors do not always return after their removal, and if they do, why not again resort to the knife, rather than await the uncertain action of medicines. In the formation of tumors the part where they are formed is at first in a normal condition, or the organs of the part in a natural state—but extraneous matter being thrown out, a tumor begins to form and grow. Tumors are composed

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*This Paper, "On The Proper Treatment of Tumors," which appeared in the June number of THE HAHNEMANNIAN, should have been prefaced as originally read before this Society. *Ed. H. M.*

of extraneous or useless matter, which is certainly foreign to the body. Tumors, then, as any other foreign body which may have gotten into the system, must be removed, and it is the province of surgery to take them out. Give surgery its due. Medicine has its place and so has surgery. There is a boundary line between the two, and it should be observed in the treatment of tumors as well as in more clearly defined surgical cases.

Dr. O. B. GAUSE said surgery is an evil, and should only be applied to when medicines fail to relieve. He believed that the surest way to remove a tumor is to cut off the supply that affords it life; to deprive it of its food. This can be done by medicine. He illustrated his position by relating three cases. The first was that of a lady who sought the advice of the best surgeons of the day. All told her she had cancer of the breast, and that an operation only could afford relief, and that even with an operation there was little hope of a permanent cure. She did not submit to the operation, but came under his (Dr. Gause's) care for Homœopathic medical treatment. She recovered entirely; lived eight years afterwards and finally died of typhoid fever.

The *second* case was likewise a tumor of the mamma—pronounced to be cancer by an eminent allopathic surgeon, and by him removed with the knife, and in four months thereafter the patient was dead.

The *third* case was that of an unmarried lady who had suppression of urine at the catamenial period. The urine had to be drawn off by the catheter. A vaginal examination revealed the existence of a hard tumor near the pubes. The doctor commenced treating her for the totality of her symptoms,—not for the tumor,—he left that out of the case; there was no remedy for tumors. The patient recovered entirely without surgical aid.

We must exhaust all the medical means we can command before we resort to the knife; but if the case be imminent and danger be apprehended from the presence of the tumor in an important locality, the knife must be resorted to.

Dr. BARTHOLOMEW desired to know wherein consisted the danger in using the knife.

Dr. GAUSE suggested from loss of blood.

Dr. GARDINER thought that the danger consisted in the fact that the patients die very soon after the operation.

Dr. LIPPE said the mortality in operated cases of ovarian tumor was 74 per cent. as given by an eminent authority.

Dr. BARTHOLOMEW thought that was talking about the effect itself. He wanted to know what was the primary cause of danger. Why do cases die after the tumor has been removed?

Dr. LIPPE considered the reason to be that the product only had been cut away. The disease is not cured, but continues and the patient dies. Cauterizing a chancre does not cure the constitutional syphilis. The removal of a piece of dead bone does not cure the disease which produced necrosis.

Dr. BARTHOLOMEW held the view that all tumors had their origin in the nerve centers, and to cure them we must destroy the force that gives life to the tumor. His method of treating tumors was by electricity, and he had succeeded in removing many of these abnormal growths by this means. He instanced the fact that enlarged bursæ, which could not be cut out without endangering the patient's life, were easily and effectually absorbed by means of electricity.

Dr. FROST thought surgery and medicine had each its proper place. Surgery comes in after medicine fails to relieve. The tumor was the best form probably, in which the disease in the system could develop

itself. It was the external manifestation of some internal dyscrasia, some morbid condition of the system. He was opposed in general to their removal by the knife. He referred to the disease known as Plica Polonica. When the hair becomes abnormally enlarged and redundant, the other symptoms of the disease are much relieved; but it is very bad to cut the hair off, and serious consequences result therefrom. The primary cause of disease producing a tumor or other unnatural growth, it is difficult to determine. For instance—an injury to the breast, in females, in one case produces abscess; in another erysipelas, and in a third cancer; this must be owing to some inherent morbid condition of the system, which the local injury serves to develop. It is such constitutional (or psoric) miasm that develops itself in the form of a tumor; which is not cured by excision of the tumor; and which, being cured by appropriate medication, the tumor ceases to grow and may even subside and disappear. He asserted that the reason why the old homœopathic practitioners of thirty years or more of practice, find so few cases of tumors among the patients that have employed them for a long time, is because under homœopathic treatment the disease is not permitted to progress so far as to allow them to form.

Dr. Jacob Jeanes believed Homœopathy had a similimum for tumors, and mentioned Sycosis, removable by Thuja. He said tumors were the pathogenetic effects of disease. The system takes this method of throwing off this pathos. It is the strife of the system for the right. In assisting the vital principle, in its attempt to throw off the disease, by giving medicine, cures are effected. We must first aim at saving the life of the patient—then at the sufferings, after looking to the general safety, and last of all at the quickness of the removal or cure of the tumor.

Dr. J. C. Morgan argued that surgery and medicine are a unit. Surgery treats the visible forms of disease; medicine the invisible. It is the province of the surgeon to treat diseases of the skin, fractures, tumors, etc. The true surgeon is he who avoids as far as possible the destructive means placed at his command. His duty is to heal as well as to operate. Cases are very rare where a cancer of the breast needs be removed by the homœopathic surgeon. Cancer about the face can generally be removed with the knife, and so far as a recurrence is concerned this mode of practice has been eminently successful. As to whether the life of the patient is shortened by this procedure, we cannot tell. His plan is to treat the diseased individual and not the local manifestation alone. In regard to ovarian tumors he did not deem it advisable that an operation for their removal be performed and illustrated by three cases that he had observed; two died shortly after the operation, and the other did not do well, although she lived a longer time. In cancers of the tongue produced by smoking, he said Lycopodium would cure.

The Society at this point adjourned, and the subject was laid over until the next meeting. On the evening of May 17th the subject was again resumed.

Dr. Gilchrist read an article in which he contended that as we had no remedy that in its proving induced tumor, or simulated the production of a tumor, therefore there was none would cure specifically.

Dr. Lippe replied that no drug had produced small-pox, scarlatina, etc., but we have drugs that produce a similar condition of things, as rash and other concomitant symptoms. We do not look for the production of a disease itself by a drug proving, but only like symptoms. Calcarea never produced a tumor, nor has Silicea, yet both remedies have cured them. There are often cases where there seems to be no other symptom than the tumor itself. What are we to do then? We must then examine the case thoroughly, laying aside the tumor entirely, and

see what else the patient complains of. It had been asserted at the last meeting that electricity cures tumors effectually. He (Dr. Lippe) did not agree that such was the fact. It removes them on the same principle that the surgeon's knife does, it absorbs them but does not remove the cause. A case which had been under the care of several homœopathic physicians, without cure, was finally submitted to an electrician who in a short time was apparently removing the disease and curing the patient, and a great noise was made about it, but before the tumor had disappeared entirely the patient suddenly died. No doubt the electrician claimed that he was curing the patient, and if the patient had lived long enough he would have been cured.

Dr. LEECH thought tumors must often be looked at as a local disease, and not a constitutional one. He held the view that the existence of local disease is unquestionable. There is no doubt but that Scabies is a local disease, and by destroying the animal which produced it, with sulphur ointment, you cure the disease. When he first commenced to practice homœopathy, he was hooted at for employing mustard and other poultices. He had seen many cures effected by poultices. We should argue by inference. He thought it erroneous to follow any beaten path in medicine, each one should use his own judgment in each individual case.

Dr. JEANES considered himself more thoroughly homœopathic than the last speaker. He believed in the removal of tumors by the means of medicines. Compare the cure of warts by remedies, with their removal by the knife, after the last method a cicatrix, after the former none. The Doctor observed one fact that in all the cases of tumors reported cured, the thirtieth, or a higher attenuation had been used.

Dr. C. E. TOOTHAKER related the case of a lady who had about thirty warts on her hands. He gave her twelve powders of Thuja, one every day. She took nothing else, nor used any other means, and in a few weeks they had totally disappeared.

The debate on this subject here closed for the evening, whereupon Dr. BUSHROD W. JAMES presented the subject of *local anæsthesia*, with novel apparatus for producing the same, constructed by J. H. Gemrig of this city. It was made for using ether, but other fluids can be used in it. The Doctor, however, exhibited a different apparatus of English manufacture, consisting of a graduated glass bottle for the anæsthetic, and a spray distributor, composed of a fine bent, metallic tube, extending down through the cork to the bottom of the vial. To this another tube is attached and surrounds the upper part, from this extends, above the cork, the air tube, through which the air is forced by means of an elastic hand bulb-bellows, with two bulbs situated on the corner of the same elastic tube to ensure a constant pressure of air and a continuous flow of spray.

The liquid used was recently discovered by the Downer Kerosene Oil Company of Boston in the process of refining petroleum, and to which the term of Rhigolene has been applied. A quantity for experimentation had been furnished him by the agent of the company. It boils at 70° F., and in less than two minutes the vapor will reduce the thermometer to nearly 19° below zero, the hottest day in summer, and were it not for the constant accumulation of ice around the bulb, no doubt much lower. The skin and tissues can be benumbed and frozen in from five to eight seconds so that no sensation can be felt in the part. The Doctor applied the spray to his own hand and then punctured the part without experiencing the least pain, and a number of the members tried the experiment with a similar result. He had, in a warm room, produced a column of ice in a quarter inch test tube, in less than two minutes, by applying

the spray to the outside of the tube. Rhigolene and its vapor are highly inflammable and highly volatile, being the lightest liquid known; Sp. Gr. .625. The heat from the hand placed in a bottle containing it, causes it to boil. It is superior to ether in many respects, for producing local anæsthesia, the comparative difference being that ether will only reduce the thermometer to 6° below zero; boils at 90° and is much heavier, Sp. Gr. .750. In making incisions, such as in abscesses and felons, in dividing fistula in ano, operating on small tumors and inverted toe nails, sewing up wounds, and in many other operations it is invaluable as an agent for preventing pain.

Dr. G. R. Starkey exhibited three specimens of the West India fire beetle. The bugs on being irritated threw out a bright light sufficient to read ordinary print by.

At the meeting held May 31st the subject of the proper treatment of tumors was resumed.

Dr. Lippe stated in reply to a question from Dr. Gilchrist, that there was most frequently a peculiar idiosyncrasic symptom exhibited, and instanced a case of cancer of stomach in which all the pains were relieved upon eating ice cream. Phosph. was indicated, was prescribed and relieved the patient.

Dr. Guernsey related a case of polypus uteri, with profuse hemorrhages, gushing out rapidly and suddenly ceasing; between the hemorrhages there was a profuse continuous watery discharge. Phosph. was exhibited and the hemorrhage gradually became less, the watery discharge also; the patient gained strength rapidly and was in every way improving. She then thought she would have the polypus removed. Dr. G. urged against it, as did a physician called in consultation. The patient was dissatisfied and called on an allopathic surgeon, who pronounced the operation a safe one. He operated and the patient died in two hours. In this case there was high up on the uterus a fungous growth, which caused the weeping of watery fluid, and it was this that deterred Dr. Guernsey and his colleague from operating.

Dr. Jacob Jeanes related a case in his practice of an enlargement of the foot, he had frequently removed it by allopathic means but it had always returned. Six powders of Silicea removed it and it did not come back.

Dr. Guernsey stated that he always cured warts by the administration of medicines. He gave for warts on ends of fingers, Thuja, and for those that itch, Sulphur, with invariable success. The Doctor also related a case of ovarian tumor. An injury was received in right ovarian region by falling over a wash tub. A tumor formed; gradually enlarging and becoming the size of an infant's head. The sufferings were intense, and always worse at the menstrual period. The pains were of a forcing character as if everything would be forced out; the pains coming on suddenly and suddenly ceasing. Bell. 200. was given at a monthly period. At the next period the sufferings were materially lessened, and so gradually decreased. In two months another dose of Bell. 200. was given. The tumor continued to decrease and the sufferings entirely disappeared, and the Doctor thought that the tumor disappeared also.

Dr. Lippe denied the use of poultices or the knife in felons, regarding them as unnecessary, and thought that if each case was carefully individualized a remedy might always be selected that would cure. It was by the indiscriminate resort to the knife that the selection of remedies in these cases was prevented.

Dr. Von Tagen asked the Doctor whether he had not known in cases of felons treated exclusively medically, the cure to be delayed so long as to cause destruction of the bone. He thought that in true felon, viz.:

one situated beneath the periosteum, if the pus was not discharged under medical treatment in ten days it must be evacuated by means of the lancet or it will burrow and do mischief, and instanced two cases, one under his own care and one under that of another homœopathic physician, in which great damage had been done by trusting too long to medicine. Dr. Von Tagen then read a paper defining his position in regard to the relations of medicine and surgery, which contained many interesting points.

Dr. Guernsey remarked, in deprecation of the use of the knife in the treatment of felons, and in illustration of the efficacy of the treatment by internal medication,—that where felons had been lanced and treated with poultices till the palmar surface of the bone was exposed from the first joint to the tip of the finger, and where repeated efforts had been made with forceps to twist out the bone by Allopathic practitioners, upon subsequent application to himself it had been his good fortune, in several cases, to cause the external wound to heal and the bone to be cured and saved.

For his part, he never resorted to the knife in the treatment of felons; neither did he ever lose limbs from thus relying upon the properly selected remedy,—and the remedies are numerous, to meet all the various cases.

Dr. Lippe thought one dose of Apis would remove felons at the outset, while the pains are burning and stinging. In the case of a lady, where the pains were burning, worse after midnight, sleeplessness, and where hot poultices greatly increased the sufferings, one dose of Lycopodium removed the disease. A celebrated homœopathic surgeon in Europe opposed the use of poultices and the knife in carbuncle and felon. The Doctor thought the knife had to be used in some cases, not on principle, but because the right remedy had not been selected; as we improve in our knowledge of remedies, resort to the knife becomes less and less necessary.

Dr. Leech did not endorse the medical treatment of felons, and thought the accumulation of pus was sufficient reason for the evacuation of it. He advocated the use of poultices and thought it not right to decry the use of any means that had proved efficacious, because they had not been generally admitted in our school. He considered the application of poultices thoroughly scientific, moist heat tending to *promote absorption*, and thereby relieving the local disease. He argued that cures from medicine were doubtful; *post hoc*, but perhaps not *propter hoc*, whereas the result of poulticing was a certainty, and so with the other appliances of surgical art.

Dr. Gilchrist reported a case of gangrene, resulting from bad treatment, in an injury of the leg. Here, if he had followed the ordinary rules of surgery, he would have amputated above the knee. He trusted to homœopathy, however, amputated just above the gangrenous line; gave Lachesis 200. and the result was favorable.

Dr. Jno. C. Morgan objected to Dr. Leech's exposition of the scientific action of poultices. He thought moist heat *did not* tend to promote absorption. If homœopathic materia medica was properly understood, poultices would not be used. He thought we had a right to believe that when our remedy had been carefully selected, and a cure followed, it was in consequence of the remedy. He related a case of swelling in the left iliac region treated unsuccessfully for upwards of 30 years in an old lady. Constipation, sleeplessness and general debility. He gave Sulph. 30 every other night, and at the end of three weeks, when the Doctor had to relinquish the case, there was considerable reduction in the size of the tumor, and the patient was better in every respect.

At this point the meeting adjourned.

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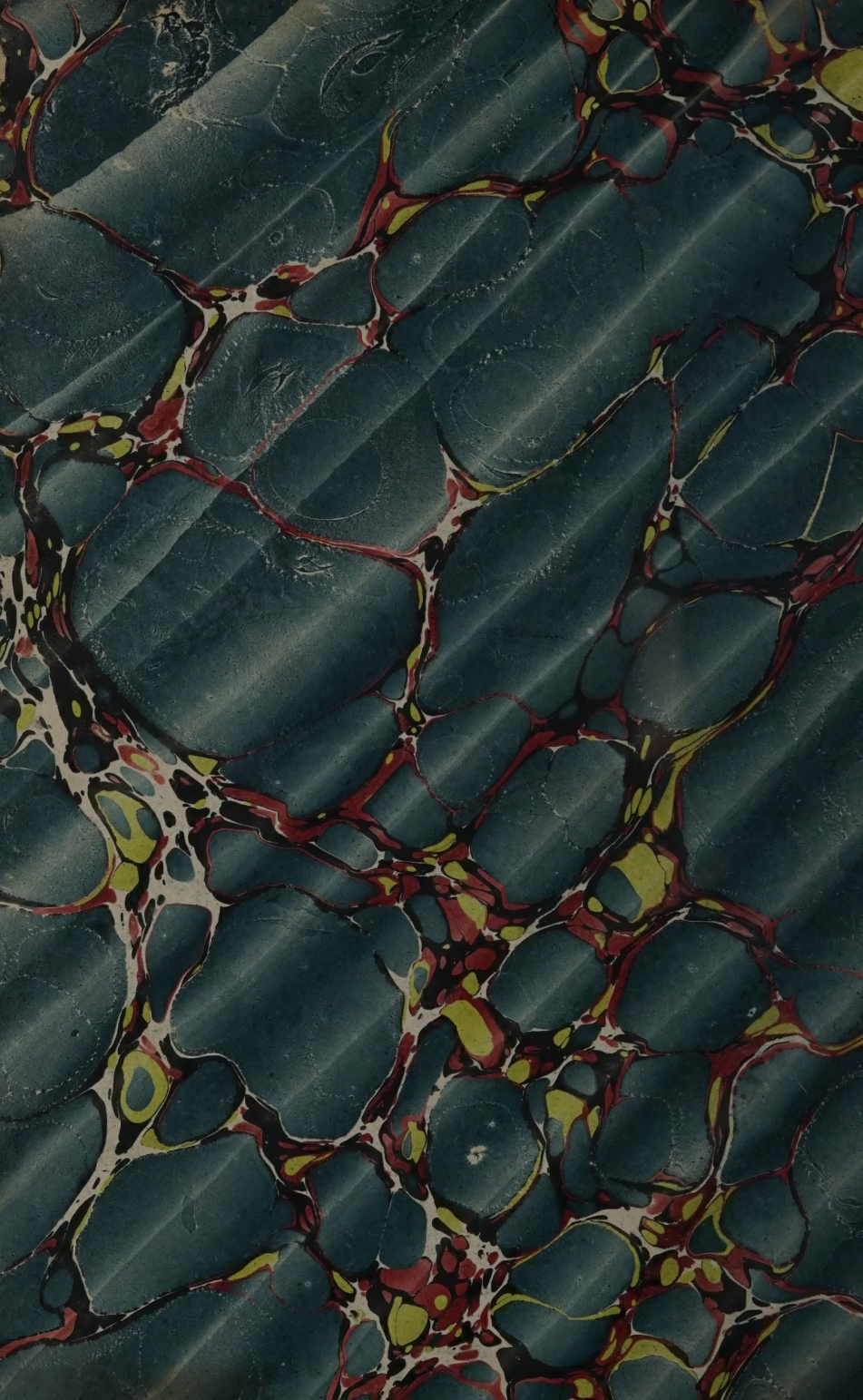

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